DE PARTMENT OF PUBLIC HEALTH, NEW SOUTH WALES



REPORT

OF THE

DIRECTOR-GENERAL OF PUBLIC HEALTH

NEW SOUTH WALES

1941-1946 (inclusive)



SYDNEY:
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DEPARTMENT OF PUBLIC HEALTH, NEW SOUTH WALES.

OFFICE OF THE DIRECTOR-GENERAL OF PUBLIC HEALTH, 93 Macquarie Street and 52 Bridge Street, Sydney.

Members of the State Board of Health 1941-1946.

At the end of 1946—Dr. E. S. Morris (President); Dr. H. G. Wallace; Dr. Cecil Purser; Dr. C. J. M. Walters; R. J. Hawkes, Esq.; R. J. Bartley, Esq.; J. Smith, Esq.; Miss M. Grove; Mrs. C. M. Melville; Mrs. E. G. Clancey.

During the period 1941-46 the following were members of the Board:—Dr. W. G. Armstrong (1941); Hon. Dr. F. E. Wall (1941); S. S. Crick, Esq. (1941-42); Mrs. Lynch (1942-43); Dr. R. Dick (1941-43); Dr. A. J. Aspinall (1944-45); B. G. Little, Esq. (1941-43); W. N. Harding, Esq., 1945.

Administrative Staff.

Director-General of Public Health and Commissioner for Venereal Diseases:—E. Sydney Morris, M.D., Ch.M., D.P.H.

Deputy Director-General of Public Health, Director of Tuberculosis Division and Senior Medical Officer of Health:—Hugh Gilmour Wallace, M.B., B.S., D.P.H.

Metropolitan Medical Officer of Health:—John Grahame Drew, M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.H., D.T.M., D.T.H., F.R.San.I.

Assistant Medical Officers of Health:—Bruce Robson Overend, M.B., Ch.M., D.P.H., D.T.M. D.T.H.; Alfred John Geoffroy, M.B., Ch.M., D.P.H., D.T.M., D.T.H.

Secretary:—James Valentine Boyle.

Divisions and Branches.

The following divisions are controlled by the Director-General of Public Health:—Maternal and Baby Welfare; Tuberculosis; Social Hygiene; Industrial Hygiene; Government Medical Officers for Sydney; Medical Officers of Health, Metropolitan, Newcastle and Broken Hill Districts Microbiological Laboratory, Chemical Laboratory; Health Education; Pure Food; Sanitation, etc.

The Hospital Division comprises The David Berry Hospital, three State Hospitals and Homes, Waterfall Sanatorium (Tuberculosis) and Auxiliary at Randwick, Strickland Convalescent Hospital, Vaucluse, and the Leper Lazaret.

Legislative Enactments.

The Minister of Health is charged with the administration of the following Acts, for the promotion of the Public Health, execution of which is left to the Director-General of Public Health and the staff working under his control:—Cattle Slaughtering and Diseased Animal and Meat Acts 1902-1932; Food preservation by Sulphur Dioxide Enabling Act 1920; Noxious Trades Act 1902; Private Hospitals Act 1908; Public Health Acts 1902-1944; Pure Food Act 1908; King George V and Queen Mary Maternal and Infant Welfare Foundation Act 1937; and the Lady Edith Carpenter Land Vesting Act 1937. Burials in closed cemeteries and the exhumation of bodies for the purpose of re-interment, etc., are also dealt with.



1941-46 Report of the N.S.W. Director-General of Public Health.

Corrigenda.

- 1. Contents page and p 5 for "The Hon. M. O'Sullivan" read "The Hon. C.A. Kelly".
- 2. Contents Page, list of graphs no. 12 For "Maternal Mortality" read "Criminal abortions".
- 3. Pages 18 & 85 For "Annual case rate per 100,000" read "Annual case rate per 10,000.
- 4. Page 97 Table 1 Metrop. area, live births for year 1939 should read 19323.

 Remainder of state, still births 1936 should read 837.

 Remainder of state, still births % of total 1940 should read 2.55.
- 5. Page 98 Table 111 Metrop. accidents of pregnancy 1946 should read no:3; rate: 0.09.

 Puerperal haemorrhage 1946 should read no.4; rate: 0.13.

 Remainder of state accidents of pregnancy 1946 should read no:10; rate: 0.28.

 Puerperal haemorrhage 1946 should read no:12; rate: 0.34.

Albuminuria 1941 should read no: 33
Total 1941 should read no: 110
Grand Total 1944 should read rate: 3.00

- N.S.W. accidents of pregnancy 1946 should read no: 13; rate: 0.19

 Puerperal haemorrhage 1946 should read no: 16; rate: 0.24
- 6. Page 99 Table IV Live births for the year 1940 State should read 49,382.

 Live births for the year 1941 Metrop. should read 22,366.
- 7. Page 99 Table 5. Total puerperal all ages proportion percent Metrop. 1943 should read 1.15

 Remainder of State

 1941 should read 2.57

Deaths from Criminal Abortion All Ages

Remainder of State

Proportion per cent 1946 should read 0.11

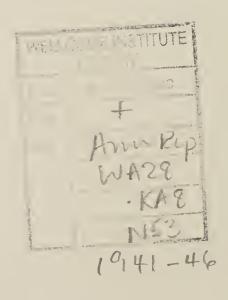
Ages 15-44 Metropolitan area

1939 No. should read 30

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Report of the Director-General of Public Health to the Honourable the Minister for Health (The Hon. M. O'Sullivan, M.L.A.).

Sir,

I have the honour to present a summarised report on the work of this office for the years 1941-1946 inclusive.

During the war the Annual Reports of this Department were not submitted for printing separately for economy reasons and to conserve manpower. It was later decided, in order to bring the reports up to date in printed form, to ask heads of institutions, divisions and branches of the Department to submit short comprehensive reports covering the period 1941-1946 inclusive and to publish the whole under one cover.

Separate reports for the years referred to have been prepared and filed but are not in published form.

Vital Statistics (see page 7).

A summarised Report of the Government Statistician on the Vital Statistics for the years 1941-1946 inclusive is appended.

Population.—The population of New South Wales at 31st December, 1946, was 2,962,932 of whom 1,481,172 were males and 1,481,760 females, the number of females being greater than the number of males for the first time in the history of the State. Because of the war population gain by immigration was negligible.

Births.—During the six years 1941-1946 there was a pronounced upward trend in the fertility of the N.S.W. population due mainly to war and post-war influences, the average annual birth rate over the six years being 20.31 per 1,000 mean population compared to 17.41 in the preceding six years. In the period under review the proportion of children stillborn declined steadily, the 1946 figure of 22.49 per 1,000 all births being probably the lowest figure recorded since registration was made compulsory in 1935.

Deaths.—Over the years 1941-1946 the average annual death rate was 9.72 per 1,000 compared with 9.42 in the preceding six years 1935-1940.

Infantile Mortality.—This continued to become less throughout the period and reached a new low level in 1946 with a rate of 30.22 per 1,000 live births.

Infectious Diseases (see page 19).

The tables compiled by the Government Statistician which show detailed information about the incidence of notifiable infectious diseases have been included in this report separately for each of the years 1941 to 1946.

Comments on the occurrence of each of these diseases will be found at the beginning of the separate reports for each year, while Table VI on page 79 lists in summary form the number of cases and deaths from these diseases for each year 1898 to 1946.

Tuberculosis Division (see page 109).

Statistics for the years 1941-1946 show a gradual decrease in the number of notifications of and deaths from tuberculosis in New South Wales with the exception of a slight increase in the number of deaths recorded in 1946. There has been a large increase in the number of X-rays taken among the general public by both private radiologists and tuberculosis clinics. In 1941 there was only one private radiologist, operating fortnightly, to X-ray persons referred by the Health Department; in 1946 there were five radiologists, each operating weekly, to give this service.

Division of Social Hygiene (see page 80).

A total of 30,030 notifications of venereal diseases were received in the six-year period 1941-1946—the yearly average for the period being 5,005. The notification of females as alleged sources of infection helped to bring many under treatment who otherwise would have remained unnotified.

An analysis of the age groups of females notified showed the reaction of the 16-20 group to war conditions. A matter of some concern was an increase in the percentage of acute syphilis in the total syphilis notified during the year 1946. Few sources of infection were traced.

During the period, the co-ordination group for the control of venereal disease formed on December 10th 1940, met at least once a month until it was disbanded on December 10th 1945.

The National Security (Venereal Diseases and Contraceptives) Regulations came into force in September, 1942, and ceased to have effect after the 31st December, 1946. They provided authority, lacking in State legislation, to follow-up and bring under medical examination alleged sources of infection. During the period of their operation 2,045 alleged sources of infection were located and examined and of this number 1,258 (61.5%) were found to be infected with venereal disease.

During the war period, venereal disease was brought under public notice by an intensive press publicity campaign and by poster displays.

At the end of 1946 ten clinics were available in the Metropolitan District for the treatment of venereal disease, with prophylactic facilities at the Health Department Clinic.

Bureau of Microbiology (see page 136).

The number of examinations carried out in the Microbiological Laboratories for the years 1941-1946 inclusive are given in the tables attached to the report; the figures are more or less stationary except for minor variations.

In 1946, general laboratory examinations numbered 105,415 in addition to 1,754 examinations of rats for plague.

During 1942 the Prince Henry Hospital undertook its own toxicity tests for diphtheria; in the past these tests were performed at the Microbiological Laboratory.

Less slides were submitted for examination for gonococci due, undoubtedly, to the use of penicillin in the treatment of this disease resulting in quicker cure.

The most striking variation in the number of examinations carried out in the period under review is the increase in the number of slides for examination for malarial parasites. In 1946, 657 slides were submitted and benign tertian parasites were found in 412 cases.

The Director draws attention to the great inconvenience caused by the overcrowded condition of the laboratory.

Division of Industrial Hygiene (see page 111).

During the war the disturbance of normal routine in factories with increased hours, the introduction of new methods and the employment of unskilled workers caused a big increase in the incidence of occupational diseases. The number of employees medically examined by this Division in the period under review totalled 3,899, the peak year being 1944 when 897 workers were examined.

As in previous years special investigations were undertaken at the request of the Industrial Commission of New South Wales, to assist it in the making of industrial awards. A summary of these investigations is found in the body of the report.

Details of investigations into the deaths of thirty-nine coal miners and six workers in other dusty occupations are also given in the report.

Other work carried out by this Division included lectures and demonstrations to groups of medical men, factory inspectors, engineering students and colliery officials.

Government Medical Officer (see page 89).

At the Hospital Admission Depot, which is under the control of the Government Medical Officer, admissions to metropolitan hospitals and State institutions for both metropolitan and country applicants, continued to be arranged.

Medical examinations for State Government Departments, of Police recruits and sick police were carried out, as well as such work as vaccinations against small-pox and throat swabbing of children before admission to children's homes.

Medical officers also carried out examinations in cases of alleged rape and other assault cases, autopsies at the city morgue and visits to the Reception House.

The end of the war brought an increase in the amount of work due mainly to a resumption of police recruiting on a large scale and to an increase in the number of ex-service men examined for travelling concessions.

Maternal and Baby Welfare (see page 95).

The Director of the Division responsible for these services reports an increase in the attendances at prenatal clinics in the period under review. The obstetrical consultant service was not frequently used, however, as more mothers were confined in obstetric hospitals where specialist services are provided.

The major causes of maternal deaths in the period under review were albuminuria and eclampsia, sepsis and haemorrhage. Of these the toxaemias, albuminuria and eclampsia, remained the largest group.

Deaths from sepsis after the birth of a viable child have decreased since the introduction of the sulpha drugs. The Special Committee investigating maternal mortality, however, considered that bacteriological examination was not instituted sufficiently early in the majority of cases to ensure the exhibition of the most effective type of sulpha drug. Puerperal pyrexia is notifiable under the Nurses Registration Act, the Private Hospitals Act and the Public Health Act. Pamphlets with instructions regarding the control of puerperal infection have been distributed to hospitals, medical practitioners, etc.

The blood transfusion service brought about a decrease in maternal deaths from haemorrhage. During 1943 other blood transfusion units, in addition to the original at the Women's Hospital, Crown-street, were established at the Royal Prince Alfred Hospital, the Royal North Shore Hospital and the Royal Hospital for Women, Paddington. The original system of blood donors was superseded by provision of blood by the Red Cross Transfusion Service.

The Departmental free booklet "Healthy Motherhood" continued to be a most valuable publication and was used by all the Metropolitan Obstetric Hospitals, the majority of other obstetric hospitals and by general practitioners.

Infant Welfare (see page 102).

The decision of the Government in 1944 to give generous financial assistance in the establishment of new, Baby Health Centre premises gave a tremendous impetus to the development of this most important field of maternal and baby welfare.

The assistance provided consists of a grant of 50 per cent. of the capital cost of building and equipping the centre, and, if required, advances up to a further 25 per cent. of these costs, and provision of staff. Such assistance is subject to approval of site, plans and equipment of the Centre.

At the end of 1946, Baby Health Centres numbered 252, placed as follows:—Sydney and suburbs, 67; Newcastle, 10; Country, 175; with a total staff of 240 nurses.

Total attendances for 1946 were 1,176,854, individual attendances being 110,116.

The Departmental free booklet, "Our Babies," has been substantially improved, particularly in relation to the diet chart for infants and school children.

Preschool Child.—The Baby Health Centres have encouraged mothers to bring their toddlers and preschool children to the centres for supervision at intervals. Parents are given instruction in hygiene and dietetics, and the weight and physical development of the child is checked.

At Kindergartens, Day Nurseries and Nursery Schools, medical supervision of the children was conducted throughout 1946 by an officer of the Division. Details of medical inspections are appended to the report.

Consultative Council on Physically Handicapped Persons.

In August, 1945, the Consultative Council on Infantile Paralysis was renamed the Consultative Council for the Physically Handicapped Persons, the work being extended to include those people physically handicapped not only from infantile paralysis but from other causes as well.

An occupational therapist and a physiotherapist were coopted as members to the Council and an almoner was appointed in 1946.

An epidemic of poliomyelitis occurred in New South Wales in 1945 and 1946 with 661 cases in 1945 and 647 cases in 1946. There were ninety-eight deaths.

Of the 1,308 cases, 1,197 were followed up after a period of six months to two and a half years from the onset of illness. Of these 43 per cent. showed no residual effects from the disease, 27 per cent. had slight weakness but no disability, 22 per cent. had residual paralysis, the remaining 8 per cent. representing deaths.

After-care of poliomyelitis cases included communication with medical practitioners, visits to patients, transfer to treatment centres, assistance with physiotherapy treatment (expenses and transport), vocational guidance training and placement of physically handicapped persons.

Supervision over Food and Drugs.

During the period 1941-1946 (inclusive) a total of 170,310 samples were examined in the Chemical Laboratory. This number included 155,022 samples submitted in connection with the administration of the Pure Food Act, 13,844 samples for the Public Services of the State and 1,444 for the Defence Authorities.

Of the 155,022 samples examined under the Pure Food Act 6,446 (4.1 per cent.) were found adulterated or falsely described. Milk formed the principal subject of investigation, and of a total of 106,698 samples of milk examined, 3,527 (3.3 per cent.) failed to conform to the prescribed standard.

Supervision of Private Hospitals (see page 88).

During the period 1941-1946 (inclusive) the number of private hospitals licensed in New South Wales declined from 496 to 348 and the number of beds from 5,124 to 4,206. Conditions brought about by the war accounted for these reductions.

Routine inspection of private hospitals was carried out by supervisory nurses as in previous years. Inspections disclosed deterioration in buildings, and a general tendency to overcrowding. Rest and convalescent homes were also visited and some showed undesirable features.

There were 313 cases of puerperal fever notified during the period—of these 114 occurred in private hospitals.

Health Education (see page 90).

Considerably more work was undertaken by the Publicity Branch owing to an increase in the funds made available.

Additions were made to the staff as follows:—An Assistant Publicity Officer, a senior Secretarial Assistant and a qualified projectionist. The services of an advertising agency and a firm of window-display contractors were engaged.

More posters, film screenings, window displays, talks, press articles, health week exhibits and recorded broadcasts put the importance of health work before the public. A good deal of publicity was given to such subjects as venereal disease, tuberculosis, nutrition, diphtheria immunisation, rat control and noise abatement.

Nutrition.

A section on nutrition was established in 1942 following the appointment of the State Nutrition Committee by the Minister for Health "to disseminate, for public information, advice to housewives and others regarding nutrition, the composition of foodstuffs, the preparation of dietaries, the means of purchasing food with due regard to economy and methods of preparing food in the home."

In 1944 a trained dietitian was appointed to the staff and in 1946 two additional trained dietitians.

Among the activities of this section are—talks on nutrition, food values, school lunches and related subjects to interested people in the city and country, and instruction of food services in institutions.

Metropolitan Combined District (see page 121).

Dr. Grahame Drew, in presenting his report on the health conditions of the Metropolitan Area of Sydney for the years 1941-1946, refers first to vital statistics. There has been a steady increase in population and a rise in the birth rate. Ex-nuptial births are ascribed to war-time influence. The still-birth rate shows a steady decline, as does infant mortality. Dr. Drew emphasises the importance of good living conditions in bringing about such decrease.

Close attention has been given during the period under review to the Government's Re-Housing Programme as directed by the Housing Commission. Difficulties have been encountered with household drainage on those estates which are not sewered. Complaints are frequently made to the Health Department from this cause.

Dr. Drew draws attention to the danger of diseases such as typhus being introduced into the Metropolitan Area from countries to the north of Australia and points out that several new cases of malaria have occurred in his area. He urges that greater attention must be paid to the control of vermin.

Nightsoil and garbage services could be operated by Councils through their own employees in order to avoid the difficulties encountered under the contract system. Garbage tips have been unsatisfactory.

Dr. Drew refers to infectious diseases in the Metropolitan Area during the period 1941-1946. The incidence of typhoid fever has remained fairly constant; scarlet fever showed a marked recrudescence though in a mild form only; diphtheria showed a steady decline; poliomyelitis became epidemic in 1945 and 1946 and in the early part of the period under review cerebro-spinal meningitis occurred in outbreaks; typhus fever also showed an increase.

The celebration of Health Week was maintained annually in the Metropolitan Area, and the increase in the Health Education Vote for the Department in 1945 and 1946 enabled a vast amount of informative material on health and disease to be issued to the public.

Hunter River Combined Sanitary District (see page 122).

Dr. J. R. Shannon, Medical Officer of Health, states that during the war years the officers of his branch formed part of the National Emergency Service and Civilian Aid Services so that special and extra duties were required of them. Newcastle at this time became the centre of a vast military establishment with associated health problems.

In February, 1943, dengue fever outbreaks in the district led to an intensive mosquito-eradication campaign with the result that only a few isolated cases of dengue fever occurred in the City of Greater Newcastle, which became almost completely free from mosquitoes.

The incidence of venereal disease infection was reduced to a minimum because of the powers given by Regulations issued under the National Security Act.

Dr. Shannon, in commenting on the occurrence of other infectious diseases, notes that in 1943 for the first time in the history of the Hunter District no cases of typhoid fever were notified. A sudden increase in diphtheria cases occurred in 1941 due largely to the failure to immunise. There were 471 cases and twenty-two deaths. During 1943, 1944 and 1945 scarlet fever became epidemic and an outbreak of a virulent type occurred at a Mental Hospital (thirty-three cases, of

whom eight died of the disease). In 1945 infantile paralysis became epidemic. Cerebro-spinal meningitis occured in outbreaks coincident with troop concentration in the district.

Constant supervision was kept on general sanitation in the district during the period under review and, despite shortage of material and labour, improvement has been achieved.

Health publicity was continued and the public were found more co-operative than in previous years and prepared to act on advice given.

A summary is given of the anti-tuberchlosis work done at the Chest Clinic.

Broken Hill and District (see page 124).

The population of the Broken Hill Municipal District was 25,585 in 1941 and 27,600 in 1946, the deaths during the period 1941 to 1946 averaging yearly 255 and the births 612.

The only notifiable infectious diseases of any frequency were scarlet fever and diphtheria.

The Anti-Tuberculosis Clinic which commenced operations in Broken Hill in June, 1941, is justifying its existence. A great number of contacts of known positive cases of tuberculosis have been investigated. The total number of attendances in 1946 was 692.

In December, 1941, Mantoux tests were performed on 108 inhabitants of the camp at the Aboriginal Station, Menindee. Of these nineteen only gave a positive reaction. The results indicated chiefly a family, and not a general, tuberculous infection among the inhabitants.

The number of examinations carried out at the laboratory averaged 10,340 yearly for the period under review. There was a decrease in the bacteriological examinations and an increase in biochemical and haematological examinations.

Dr. W. E. George, Medical Officer of Health, was absent during part of 1946 on a visit to Canada and the U.S.A. to investigate the use of aluminium in the prevention and treatment of silicosis.

State Hospitals (see page 126).

Liverpool State Hospital and Home for Men.—During the period 1941-1946 inclusive admissions totalled 15,755; discharges, 13,037; deaths, 2,806. The average daily number in hospital was 660. Outpatient attendances numbered 58,595 (15,760 individual attendances). Operations totalled 2,339 including 1,039 major operations.

The new cancer block was completed and occupied in 1941 and various other structures and installations (including a cincma) were effected.

Newington State Hospital and Home for Women.—During the period 1941-1946 inclusive admissions totalled 4,956; discharges, 3,773; deaths, 1,273. The average daily number in hospital was 545.

Lidcombe State Hospital and Home for Men.—The Infectious Diseases Division at the Hospital was closed in 1941.

During the period 1941-1946 inclusive admissions to the Hospital and General divisions totalled 15,640; discharges 12,021; deaths, 4,019. The average daily number of patients and inmates resident was 1,250.

Strickland Convalescent Hospital for Men and Women.— During the period 1941-1946 inclusive admissions totalled 5,131, discharges 5,126 and deaths five. The average daily number of patients was forty-two women and twenty-five men.

David Berry Hospital.—During the period 1941-1946 ward ratients treated totalled 2,345; dicharges, 2,138; deaths, 128. Outpatients totalled 1,418.

Waterfall Sanatorium.—During the period 1941-1946 admission of patients totalled 1,692, discharges of patients 1,587, and deaths of patients 266. The average daily number of patients resident was 355.

Randwick Auxiliary Hospital.—During the period 1941-1946 admissions totalled 1,618; discharges, 707; deaths, 945. The average daily number resident was 169. The various operations performed are listed in the report.

Most of the above institutions suffered from staff shortages during the period under review.

Legislation.

In 1942, amendments were made to the Regulations under the Noxious Trades Act and to the Bedding and Upholstery Regulations under the Public Health (Amendment) Act, 1921.

In 1943, an amendment was made to the Rag Dealer and Flock Maker Regulations under the Noxious Trades Act, 1902, respecting the keeping of rags on licensed premises.

In 1944, the Public Health (Amendment) Act, 1944, was assented to. By this Act the Public Health Act, 1902, as amended by subsequent Acts, is amended and may be cited as the Public Health Act, 1902-1944. The Noxious Trades Act, 1902, was amended and is now cited as the Noxious Trades Act, 1902-1944.

In 1945, several proposed amendments to the Local Government Ordinances have been submitted to and approved by the Board of Health under section 26B of the Public Health Act, 1902-1944. Regulations governing Rag Dealers and Flock Makers were amended in order to provide additional control over those businesses or trades.

The Public Health (Further Amendment) Act, 1944, amended the Public Health (Amendment) Act, 1921. By such amendment better control is provided over the business of manufacture and repairing bedding, upholstery and other similar articles.

The amendment of the Public Health Act, 1902, as amended by subsequent Acts and cited as the Public Health Act, 1902-1944, has enabled Regulations to be made to control the use of Dangerous Substances for the purpose of fumigation. To this end Regulations controlling the use of Cyanide for fumigation purposes have been made and are now in operation. Those Regulations require persons who intend to use Cyanide for fumigation purposes to be licensed. Before such a licence can be obtained the applicant must submit himself to a medical, and a theoretical or practical test.

The Local Government Act, 1919, was considerably amended to make better provision for the government of areas, to extend the powers and functions of local government bodies, to establish bodies to take common action on behalf of areas and for other purposes.

In 1946, several proposed amendments to the Local Government Ordinances were submitted to and approved by the Board of Health under section 26B of the Public Health Act. During the year the business of Tanner was declared a Noxious Trade within the meaning of the Noxious Trades Act, 1902-1944.

VITAL STATISTICS OF NEW SOUTH WALES.

(SUMMARY REPORT FOR YEARS 1941 to 1946 INCLUSIVE.) (Prepared by the Government Statistician, Mr. S. R. Carver.)

Population.

The population of New South Wales at 31st December, 1946, was 2,962,932 of whom 1,481,172 were males and 1,481,760 females. During the six years 1941 to 1946 the total increase in population was 171,577 of which 169,260 was due to natural increase after accounting for deaths of defence personnel. Because of the war, gain by migration was negligible.

Annual population statistics throughout the period are as shown below. The figures include New South Wales personnel

enlisted in the defence forces irrespective of their whereabouts at any time. Refugees and evacuees are also included but Allied defence forces, enemy prisoners of war and internees from overseas are excluded.

It is significant to note that in 1946 the number of females was greater than the number of males for the first time in the history of the State.

POPULATION—NEW SOUTH WALES—1941-1946.

	77	Populat	ion at 31st De	cember.	Mean	Population for	Year.	Natural	Net Migration		
	Year.	Males.	Females.	Females. Total.		Females.	Total.	Increase.	plus intercensal Adjustment.		
1941 1942 1943 1944 1945 1946		1,410,805 1,428,067 1,436,519 1,449,933 1,465,114 1,481,172	1,402,555 1,420,411 1,434,544 1,451,498 1,468,322 1,481,760	2,813,360 2,848,478 2,871,063 2,901,431 2,933,436 2,962,932	1,405,779 1,419,495 1,431,245 1,443,456 1,457,580 1,471,910	1,395,121 1,411,920 1,426,649 1,443,120 1,460,243 1,473,814	2,800,900 2,831,415 2,857,894 2,886,576 2,917,823 2,945,724	23,049 19,436 25,292 30,865 32,146 38,472	(—) 1,044 15,682 (—) 829 (—) 497 (—) 141 (—) 8,976		

Births.

Live Births.—During the six years 1941 to 1946 there was a pronounced upward change in the fertility of the New South Wales population due mainly to war and early post-war influences. From 1943 onwards the annual number of live births considerably exceeded the previous record number of

55,214 in 1922, but whilst this caused a rise in the crude birth rate for the period in comparison with the immediately preceding years, the general level of the crude rate remains low.

Summarised live birth statistics for the State over the period are as follows:—

LIVE BIRTHS—NEW SOUTH WALES, 1941-1946.

			Live Births.	,		Rate p	er 1000 Pop	ulation.	Proportion of Ex-Nuptial to	Male Live Births to 100
Year.	Males.	Females.	Total.	Nuptial.	Ex- Nuptial.	Nuptial.	Ex- Nuptial.	Total.	Total Live Births.	Female Live Births.
1941 1942 1943 1944 1945	26,396 27,159 29,260 30,360 31,812 34,690	25,333 25,488 28,005 29,252 29,850 32,557	51,729 52,647 57,265 59,612 61,662 67,247	49,694 50,602 55,005 57,058 58,936 64,297	2,035 2,045 2,260 2,554 2,726 2,950	17·74 17·87 19·25 19·77 20·20 21·83	·73 ·72 ·79 ·88 ·93 1·00	18·47 18·59 20·04 20·65 21·13 22·83	Per cent. 3.93 3.88 3.95 4.28 4.42 4.39	104 107 104 104 107 107

The average annual birth rate over the six years was 20.31 per 1,000 mean population compared with 17.41 in the preced-

ing six years. The proportion of ex-nuptial to total live births in the two periods was 4.16 and 4.26 respectively.

Stillbirths.—In the period under review the proportion of children stillborn declined steadily, the 1946 figure of 22.49 per 1,000 all births being the lowest proportion recorded since registration was made compulsory in 1935. It is probably the lowest figure for all time.

The proportion of children stillborn in the six years 1941-1946 was 24.89 per 1,000 all births compared with 28.71 per 1,000 in the preceding five years 1935-1940.

A summary for the six years is as follows:-

STILLBIRTHS—NEW SOUTH WALES, 1941-1946.

37	Nup	otial.	Ex-N	uptial.		Total.		Rate per	Per 1,000 Total	Proportion of	Male
Year or Period.	Males.	Females.	Males.	Females.	Males.	Females.	Total.	1,000 of Popula- tion.	Births (Live and Still).	Ex-Nuptial to Total Stillbirths.	Stillbirths to 100 Female Stillbirths.
1941 1942 1943 1944 1945 1946	770 750 752 824 813 819	629 581 631 597 654 638	32 41 48 51 43	33 39 34 39 30 47	802 791 800 875 856 862	662 620 665 636 684 685	1,464 1,411 1,465 1,511 1,540 1,547	.52 .50 .51 .52 .53	27·52 26·10 24·94 24·72 24·37 22·49	Per cent. 4·44 5·67 5·60 5·96 4·74 5·82	121 128 120 138 125 126

Deaths.

The annual number of deaths of civilians throughout the period and the death rates per 1,000 mean population are as follows:—

DEATHS—NEW SOUTH WALES, 1941-1946.

		Deaths.		Rate pe	er 1,000 Poj	pulation.
Year.	(Exclu	Females.	irths.) Total.	Males.	Females.	Total.
1941 1942 1943 1944 1945 1946	15,209 16,461* 15,944* 14,494* 14,808* 16,038*	12,091 12,758* 12,926* 12,158* 12,186* 12,541*	27,300 29,219* 28,870* 26,652* 26,994* 28,579*	10·82 11·60 11·14 10·04 10·16 10·90	8·67 9·04 9·06 8·42 8·35 8·51	9·75 10·32 10·10 9·23 9·25 9·70

* Civilians only.

Over the years 1941-1946 the average annual death rate was 9.72 per 1,000 population compared with 9.42 in the preceding six years 1935-1940, but little significance can be attached to this rise because the rates are crude rates based on total population without any allowance for changing age and sex constitution of the population.

Causes of Death.—The principal causes of death in New South Wales throughout the six years, 1941-1946, are shown in the following abridged classification in comparison with the preceding six years, 1935-1940. The rates shown are crude rates per 10,000 of total population and no allowance has been made for differences in age or sex incidence between the various diseases or for changing age or sex constitution of the population.

. Cause of Death.	Average Num		Rate po	r 10,000.	Cause of Death.	Average Num		Rate pe	r 20.000.
	1935-40.	1941-46.	1935-40.	1941-46.		1935-40.	1941-46.	1935-40.	1941-46.
Typhoid Fever (including Paratyphoid) Cerebro-spinal (ineningocoecal) Menin-	16	5	.06	0.2	Infantile Convulsions Other Diseases of the Nervous System	13 345	16 373	.05 1.27	·06 1·30
gitis Scarlet Fever	7	69	.03	•24	Diseases of the Heart	6,588	8,719	24.31	30.34
Whooping Cough	17 79	8 64	·06 ·29	·03 ·22	Arteriosclerosis and Other Diseases of	F 077			
Diphtheria	163	85	.60	.30	Arterics	567 43	535	2.09	1.86
Erysipelas	17	7	.06	.02	Bronchitis	$\frac{43}{259}$	$\begin{array}{c} 82 \\ 251 \end{array}$	·16 ·96	·29 ·87
Tetanus	23	21	.08	.07	Pneumonia	1,676	1,353	6.18	4.71
Tuberculosis of the Respiratory System	941	871	3.47	3.03	■ Other Diseases of the Respiratory System	266	301	.98	1.06
Tuberculosis of Meninges and Central	0.1	0.5			Diseases of the Stomach	141	152	.52	.53
Nervous System Other Tuberculous Diseases	31 57	25	•11	•09	Diarrhoea and Enteritis—				_
Dysentery	18	$\frac{46}{21}$	·21 ·07	·16 ·07	Under 2 years	158	132	•58	.46
Syphilis	127	128	.47	•45	2 years and over Appendicitis	$\frac{108}{235}$	109 161	·40 ·87	·38 ·56
Influenza with respiratory complications	1	120		10	Hernia, Intestinal Obstruction	206	248	.76	-86
specified	215	76	.79	·26	Cirrhosis of the Liver	115	95	.42	•33
influenza without respiratory compliea-					Peritonitis (without specified cause)	26	24	.10	∙08
tions specified	83	53	•31	·18	Other Diseases of the Digestive System	361	330	1.33	1.16
Measles	39	33	·14	.11	Nephritis	1,492	1,277	5.50	4.44
encephalitis (notifiable and non-					Other Diseases of the Genito-Urinary	407	0 110		
notifiable forms)	12	21	.04	.07	System Criminal Abortion.	407 44	$\begin{array}{c c} 378 \\ 26 \end{array}$	1.50	1.32
Acute Infectious Encephalitis (lethargic	12	21	04	.07	Puerperal Septicæmia and Post-Abortive	4.4	20	·16	.09
or epidemic) (notifiable and non-					Sepsis	57	27	.21	-0.9
notifiable forms)	9	10	•03	.03	Puerperal Thrombophlebitis, Embolism		40	1	0.5
Other Infectious and Parasitic Diseases	99	92	•37	·32	and Sudden Death (Sepsis)	18	17	-07	.06
Cancer	2,930	3,273	10.81	11.39	Other Puerperal Diseases	124	105	.46	-37
Diabetes Mellitus	463	540	1.71	1.88	Congenital Malformations	266	320	-98	1.11
Other General Diseases Vitamin-Deficiency Diseases	458	407	1.69	1.42	Congenital Debility	90	79	•33	.27
Diseases of the Blood	187	220	·01 ·69	·01 ·77	Premature Birth Other Diseases peculiar to the First Year	623	653	2.30	2.27
Chronic Poisoning and Intoxication	28	40	.10	.14	of Life	370	425	1.37	1.48
Encephalitis and Meningitis (non-	10	10	10	11	Senility	767	1.040	2.83	3.62
epidemic)	106	115	•39	•40	Suicide	315	248	1.16	.86
Cerebral Haemorrhage	(1,914		6.66	Accident	1,449	1,311	5.35	4.56
Cerebral Embolism, Thrombosis, Soft-	2012			2 5 5	Other Violence	44	38	.16	.13
ening and Hemiplegia	2,042	791 }	7.53	2.75	All Other Causes	195	166	.72	.58
Apoplexy and Other Intracranial Effusions		8		.02	Total	02 507	25.002	04.00	07.00
, , , , , , , , , , , , , , , , , , ,		اره	(.03	Total	40,007	27,936	94.20	97.22
								1	

Infantile Mortality.—Infantile mortality as measured by deaths of children under one year of age continued to show steady improvement throughout the period and reached a new low level in 1946 with 30.22 per 1,000 live births. The average

rate throughout the six years was 34.85 per 1,000 live births as compared with 40.90 in the preceding six years.

Annual figures are as follows:-

DEATHS UNDER ONE YEAR OF AGE-NEW SOUTH WALLS, 1941-1946.

			mber of Deat r one year of							
	Year.							Tota	al under one y	ear.
		Mal es.	Females.	Total.	Total under 1 week.	Total under 1 month.	Total under 3 months.	Males.	Females.	Total.
1941 1942 1943 1944 1945 1946		1,264 1,204 1,161 1,050 1,055 1,195	1,000 912 911 779 834 837	2,264 2,116 2,072 1,829 1,889 2,032	23.55 20.97 19.61 18.30 18.28 18.82	29·52 25·49 23·84 21·96 21·80 21·96	33.75 29.46 27.40 24.12 24.23 24.15	47·89 44·33 39·68 34·58 33·16 34·45	39·47 35·78 32·53 26·63 27·94 25·71	43·77 40·19 36·18 30·68 30·63 30·22

Of the deaths under one year of age throughout this period 57 per cent. occurred under one week; 69 per cent. under one month, and 77 per cent. under three months.

The principal causes of death of children under one year of age and the average annual number of such deaths throughout the periods were prematurity 652, congenital malformations 269, injury at birth 222, pneumonia 210, "other developmental" diseases 203, diarrhoea and enteritis 96, and infective and . parison with the preceding six years, 1935-1940.

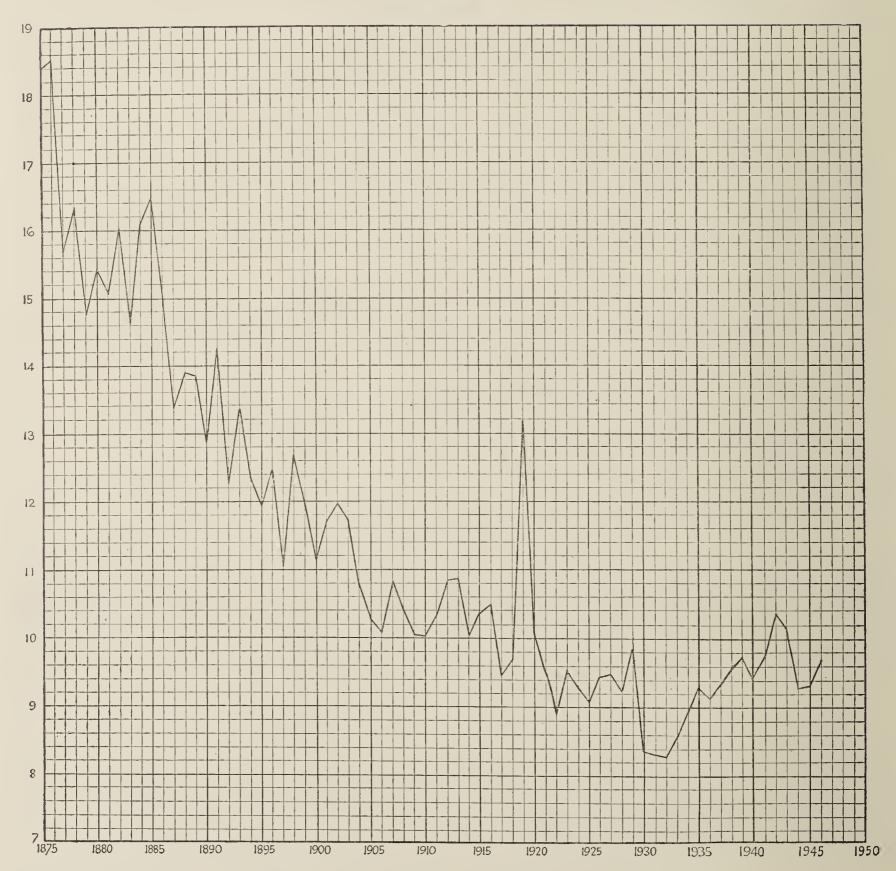
parasitic diseases 106 (including whooping cough 42, cerebro-spinal meningococcal meningitis 16, influenza 13, tuber-culosis 8, measles 7, diphtheria 6, purulent infection and sep-ticaemia 6, and syphilis 3).

The following statement shows the deaths of children under one year of age per 1,000 live births classified in the principal disease groups during the six year period 1941-1946 in com-

Course of Donath	Ma	les.	Fer	nales.	Total.		
Cause of Death.	1935–40.	1941–46.	1935–40.	1941–46.	1935-40.	1941-46.	
Tuberculosis	·18	·16	·10	·10	·14	·13	
Syphilis	·12	-06	·10	.05	-11	.05	
Other Infective or Parasitic Diseases	1.86	1.65	1.94	1.60	1.90	1.62	
Iningitis	$\cdot 52$.56	•35	•40	∙44	.49	
Convulsions	.24	·20	·11	·11	·17	·16	
Bronehitis	•32	·20	.27	·17	·30	.19	
Pneumonia	4.82	3.97	3.60	3.22	4.23	3.61	
Diarrhoea and Enteritis	2.93	1.89	2.22	1.41	2.59	1.65	
Ialformations	5.20	4.87	4.10	4.33	4.66	4.60	
Congenital Debility	$2 \cdot 12$	1.47	1.71	1.25	1.92	1.36	
Premature Birth	14.25	12.18	12.13	10.15	13.21	11.19	
njury at Birth	5.14	4.60	3.71	2.97	4.44	3.81	
Other diseases peculiar to first year of life	≥.88	4.04	2.89	2.88	3.39	3.48	
Other Causes	3.69	2.71	3.10	2.29	3.40	2.51	
All Causes	45.27	38.56	36.33	30.93	40.90	34.85	

ANNUAL DEATH RATE

Per Thousand of the Population in N.S.W. 1875-1946



Graph 1

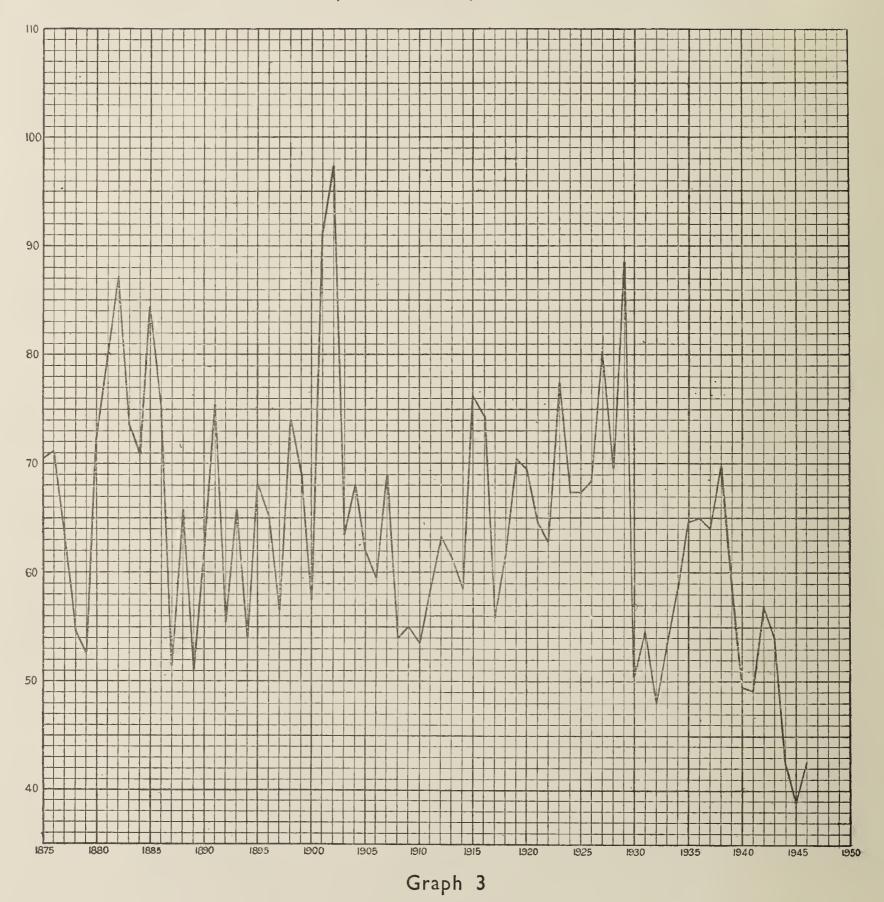
CANCER, TUBERCULOSIS AND HEART DISEASE

Annual Death Rate per 100,000 of the Population, 1875-1946

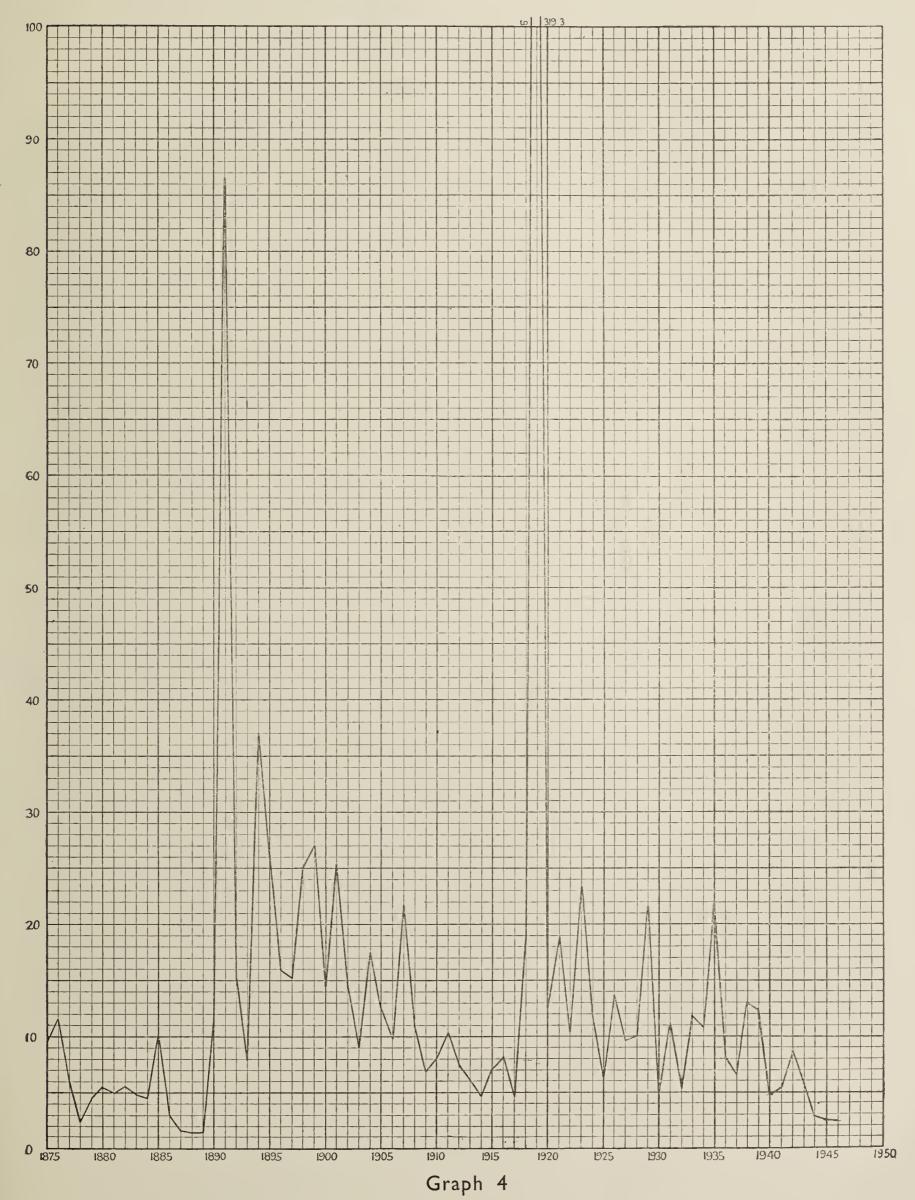


PNEUMONIA

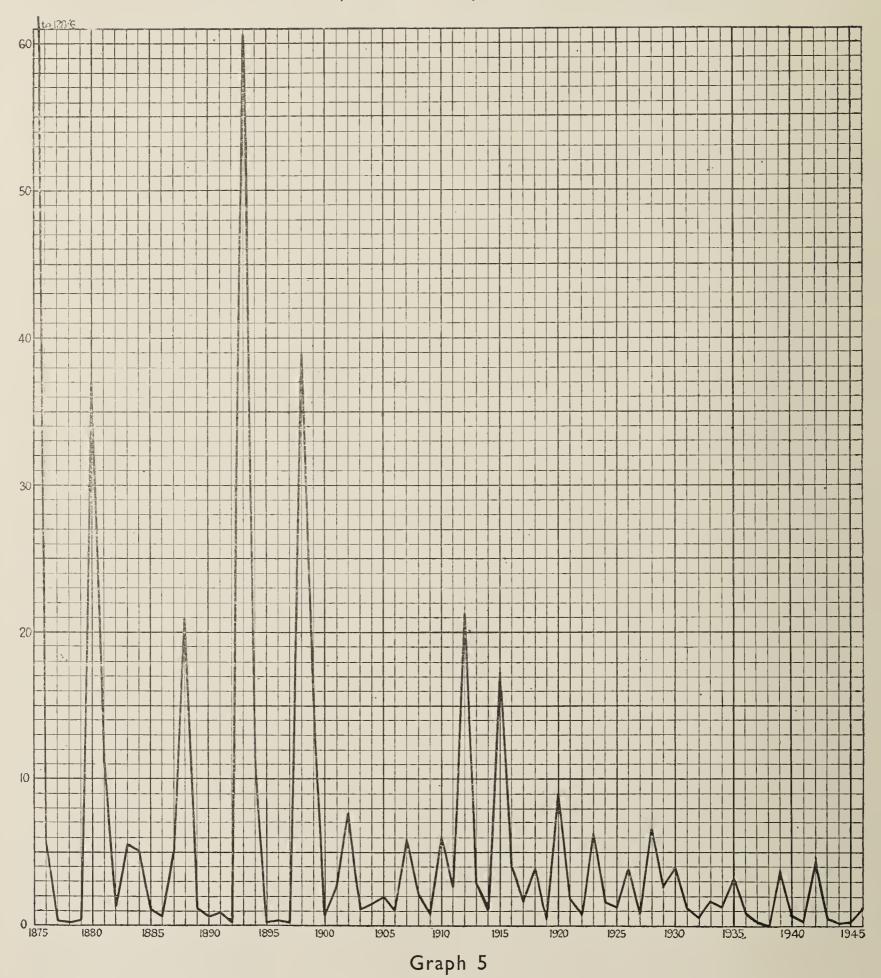
Annual Death Rate per 100,000 of Population in N.S.W., 1875-1946



INFLUENZA
Annual Death Rate per 100,000 of Population in N.S.W., 1875–1946

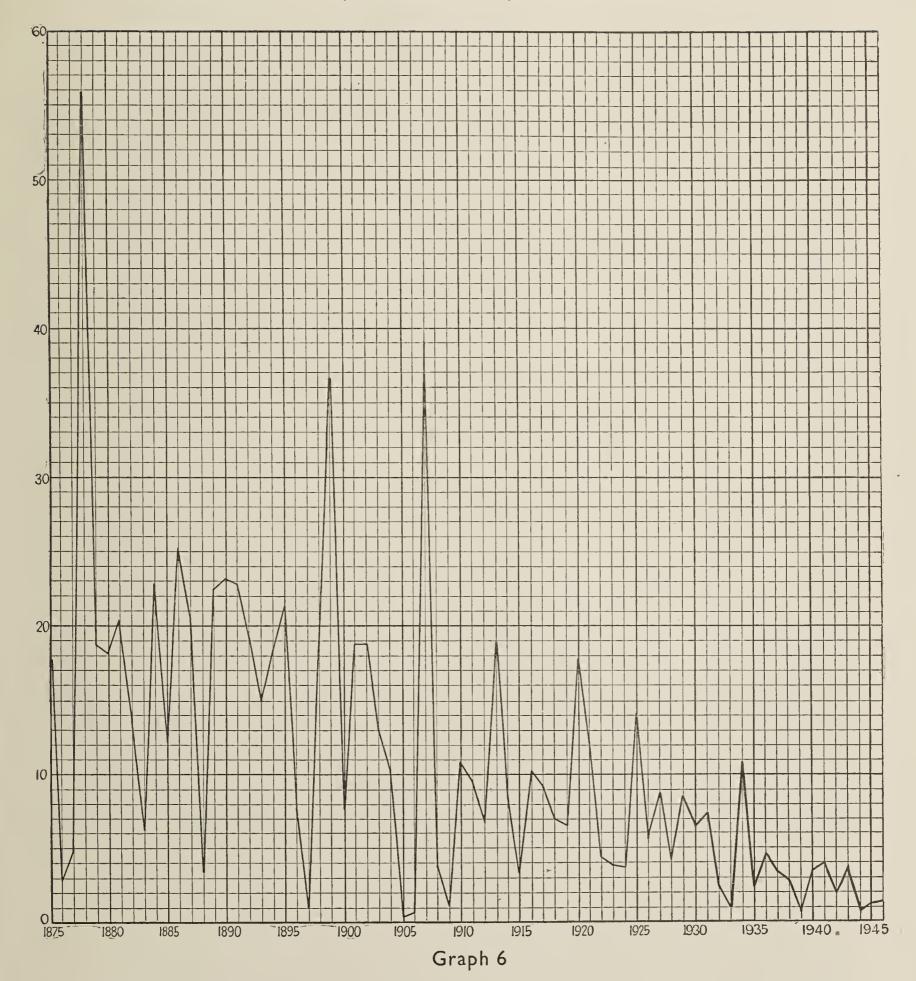


MEASLES
Annual Death Rate per 100,000 of Population in N.S.W., 1875–1946



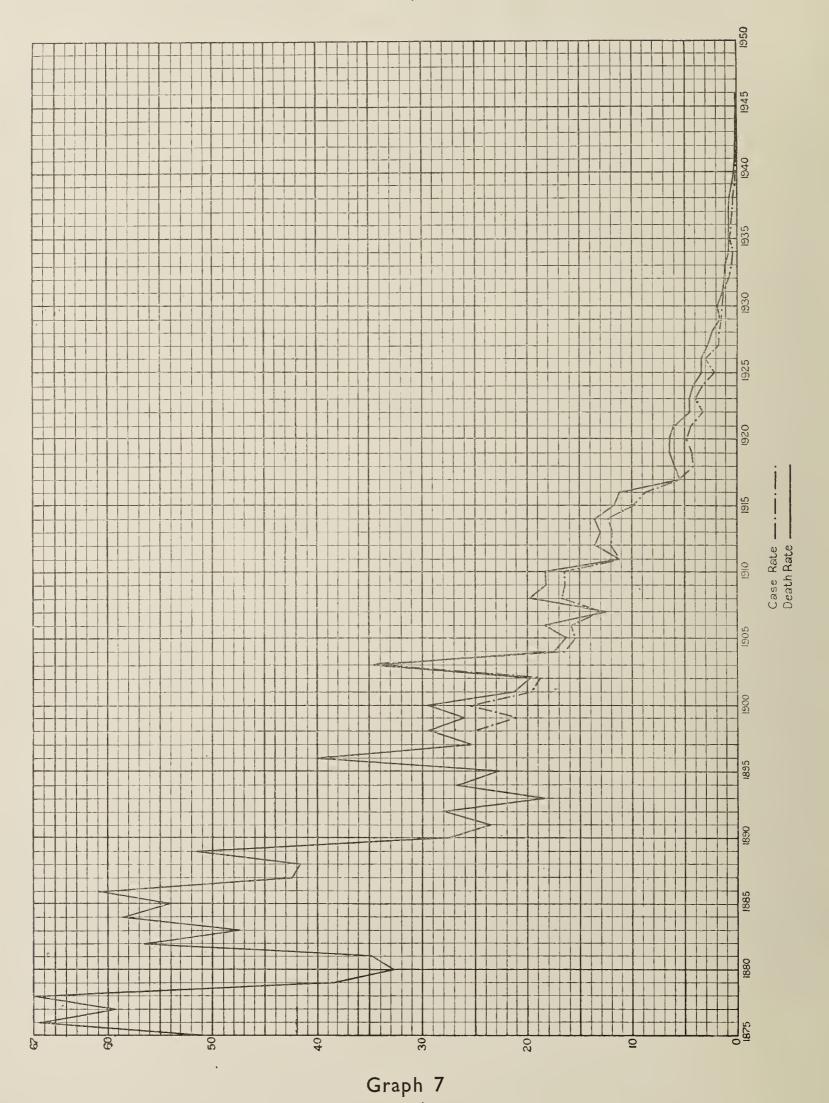
WHOOPING COUGH

Annual Death Rate per 100,000 of the Population in N.S.W., 1875–1946



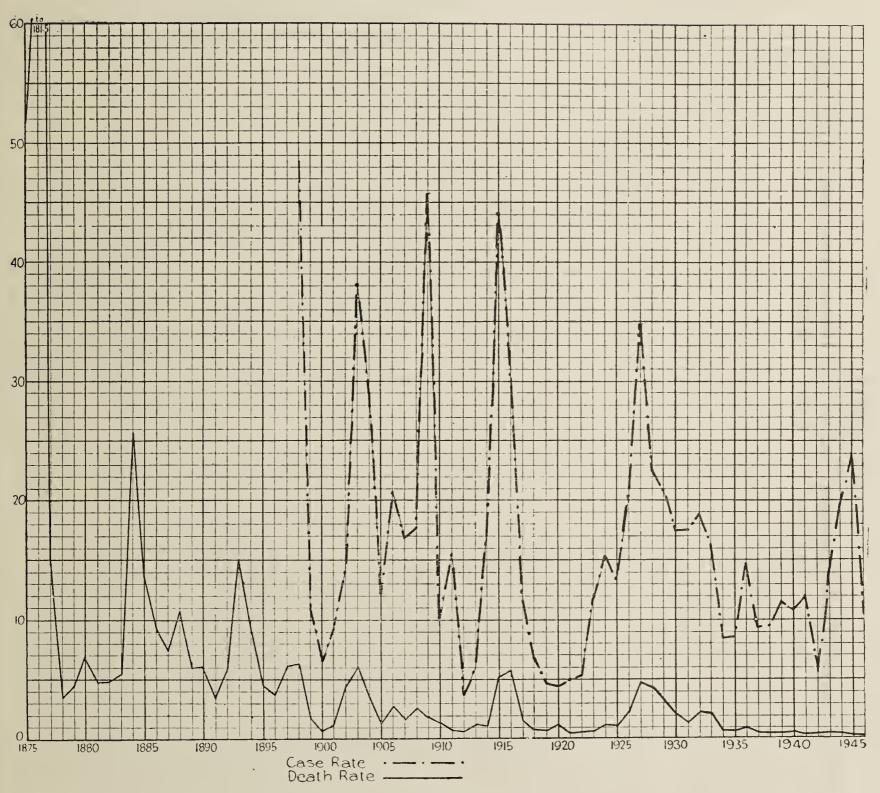
TYPHOID FEVER

Annual Death Rate per 100,000 of Population in N.S.W., 1875-1946 and Annual Case Rate per 10,000 of Population in N.S.W., 1898-1946



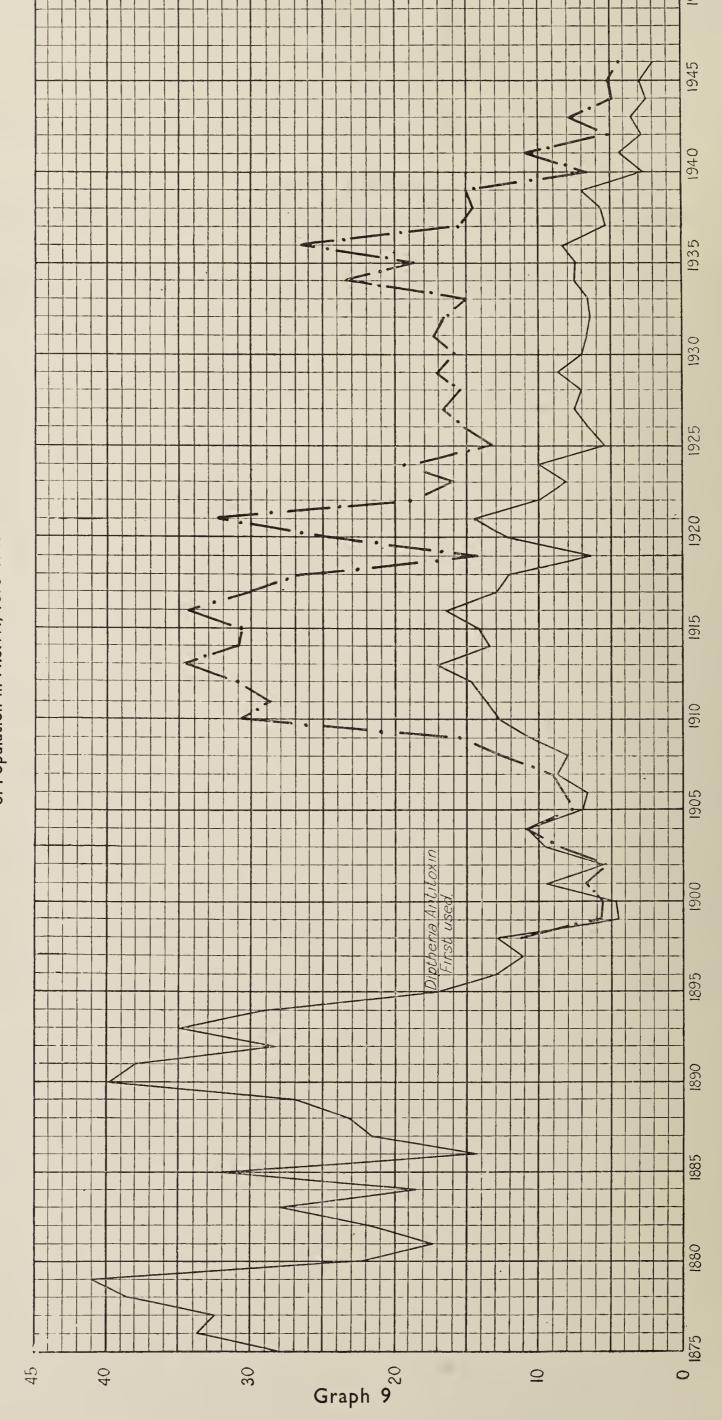
SCARLET FEVER

Annual Death Rate per 100,000 of the Population, 1875-1946 and Annual Case Rate per 10,000 of the Population, 1898-1946



Graph 8

DIPHTHERIA
Annual Death Rate per 100,000 of Population in N.S.W., 1875-1946 and Annual Case Rate per 100,000 of Population in N.S.W., 1898-1946



Death Rate

Case Rate

SECTION I.

A.—COMMUNICABLE DISEASES—1941.

Notifiable Infectious Diseases Recorded in New South Wales during the year ended 31st December, 1941.

A.—COMMUNICABLE DISEASES.

The Public Health Act, 1902, provides that the Governor may, by proclamation in the Government Gazette, declare that any disease therein named is an infectious disease.

			Cases	and De	aths Noti	ifled.	
	Notifiable from—	19:	39.	194	10.	194	1.
		Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Typhoid fever and paratyphoid Scarlet fever Diphtheria or membranous croup Bubonic plague Infantile paralysis (including any form of acute anterior poliomyelitis, polioencephalitis or polio-myeloencephalitis). Epidemic cerebro-spinal fever (meningococcal meningitis). Encephalitis Lethargica Cholera Typhus fever Yellow fever Puerperal infection Undulant fever	" 23rd January, 1900 1st February, 1912. Definition Re-proclaimed 14th August, 1931. 11th October, 1915 1st April, 1926 12th August, 1927 " 16th August, 1929 13th August, 1937	63 3,190 4,103 33	13 11 192 2 6 4 38	67 3,026 1,834 11 41 5 245	9 15 74 1 13 3 50*	40 3,385 3,063 90 411 13 10 270	8 6 121 8 84 4 29*
Leprosy	25th February, 1938 Total	7,661	$\begin{array}{ c c }\hline 2\\\hline 268\\\hline \end{array}$	5,236	$\frac{2}{167}$	$\frac{1}{7,283}$	260
	Population at 31st December		64,782		9,123		2,321

^{*} See text below.

PUBLIC HEALTH ACT, 1902.

A total of 7,283 cases of infectious disease was notified under the Public Health Act, 1902, during 1941, or 2,047 more cases than in 1940. The number of cases notified from the 158 municipal, 138 shire and 14 police districts; the deaths due to these infections; the age and sex of the patients; and the seasonal incidence of the various diseases are shown in appended Tables I-V (pp. 20-28). As indicated below, pulmonary tuberculosis is notifiable under the Public Health (Amendment) Act, 1915; and venereal diseases under the Venereal Diseases Act, 1918.

Typhoid Fever.—The 40 cases and 8 deaths notified in 1941 show the lowest incidence of this infection hitherto recorded. In 1940 there were 67 cases and 9 deaths.

Scarlet Fever.—There were 3,385 notified cases and 6 deaths, an increase of 359 cases as compared with 1940 when 3,026 cases and 15 deaths were recorded.

Diphtheria.—There were 3,063 notified cases and 121 deaths, in comparison with 1,834 cases and 74 deaths in 1940.

Infantile Paralysis.—90 cases and 8 deaths were notified. In 1940 there were 11 cases with 1 death.

Puerperal Infection.—270 cases were notified, or 25 more than in 1940. The recorded deaths from puerperal septicaemia and post-abortive sepsis in 1941 numbered twenty-nine, which does not include twenty-five deaths from sepsis classed as criminal abortion. Under the revised International List of Causes of Death which came into use in 1940, puerperal thrombophlebitis, embolism, and sudden death are included as subdivisions of the "infection" group, but to maintain comparability with previous years such deaths are omitted here and shown separately in the following pages. There were twenty-four deaths in this additional group.

Cerebro-Spinal Meningitis.—411 cases and 84 deaths were reported in 1941. In 1940 there were 41 cases and 13 deaths. Encephalitis Lethargica.—13 cases and 4 deaths were notified, compared with 7 cases and 3 deaths in 1940.

Undulant Fever.—On 13th August, 1937, a proclamation was issued making undulant fever notifiable on and from that date.

Bubonic Plague.—No case of this disease has been reported since June, 1923. Rat-catchers are continuously employed in the vicinity of wharves and in the city area. Plague was not detected in the 2,633 rats examined in the Microbiological Laboratory.

Smallpox.—No case was reported during 1941.

Leprosy.—One case of leprosy was notified in 1941, but no patients under detention in the Lazaret died during the year. For the Report on Leprosy in New South Wales see p. 133.

PUBLIC HEALTH (AMENDMENT) ACT, 1915.

Pulmonary Tuberculosis was made a notifiable disease under an amendment of the Public Health Act in 1915. In 1941 registered cases amounted to 1,916, a decrease of 10 on the registrations received in 1940. There were 934 deaths, or an increase of 42 compared with the deaths recorded in 1940. A survey by the Director of the Tuberculosis Division is on p. 109.

VENEREAL DISEASES ACT, 1918.

Cases of venereal disease notified in 1941 numbered 4,798, a decrease of 513 cases on the number (5,311) received in 1940. The Report of the Director of the Division is on p. 80.

Table I.—Showing the number of notified cases of, and deaths from, the following diseases:—Cerebro-spinal Fever (Meningococcal Meningitis), Diphtheria and Membranous Croup, Encephalitis Lethargica, Infantile Paralysis (Acute Anterior Poliomyelitis), Scarlet Fever, Typhoid Fever (including Paratyphoid), and Puerperal Infection in the Metropolitan Combined Districts for the year ended 31st December, 1941.

Municipality or Shire.	Estimated Mean Population.	Typhoi Paraty		Scar Fev		Diphtl	heria.	Infai Paral		Ceret spir Menin	al	Encepl Lethar		Puerj Infec		Pucrperal Thrombo- phlebitis, Embolism and Sudden Death.	Pulmonar Tuber- culosis.
		c.	D.	С.	D.	С.	D.	C.	D.	С.	D.	С.	D.	С.	D.	D.	D.
					Ŋ	I ETROF	OLITA	n Mun	NICIPAI	LITIES.							
Sydney, City of	86,630		1	70		142	3	4	1	23	5			62	1		70
Alexandria Annandale	8,460 11,500		• • • •	$\begin{vmatrix} 9\\12 \end{vmatrix}$	• • • •	$\begin{array}{c c} 15 \\ 25 \end{array}$	$\frac{1}{1}$	2	•••	$\begin{bmatrix} 2\\2 \end{bmatrix}$	• • •	•••	• • •	$\frac{1}{2}$	•••	* * *	1
Ashfield	41,990			47	• • •	24	l	 1	•••	$\tilde{7}$	 1	• • • •		$\bar{6}$		1	17
Auburn	20,710			25		37	2	• • •	• • •	4	1			1	• • •		6
Balmain	$\begin{array}{c c} 27,150 \\ 29,950 \end{array}$	1	• • •	35 49	•••	37 45	$\frac{1}{3}$	$\begin{array}{c c} & 1 & 4 & 4 & 4 & 4 & 4 & 4 & 4 & 4 & 4$	• • •	 5	 1	•••	• • •	$\frac{4}{3}$	• • •	1	14
Bankstown Bexley	23,520			39		15		· · · ·	•••	$\begin{bmatrix} 0\\2 \end{bmatrix}$		• • •		1	•••	• • •	17
Botany	9,070			19		15	1	•••		3		•••	***	1	•••		3
Burwood	20,310	1	•••	20	• • • •	14 35	$\frac{2}{2}$	5	•••	6	1	•••	• • •	3			3
Santerbury	85,570 24,430	1		134 35		15	1	$\frac{3}{1}$	•••	$\begin{bmatrix} 10 \\ 5 \end{bmatrix}$	$\begin{bmatrix} 1 \\ 2 \end{bmatrix}$	•••	•••	13	1	1	36
Darlington	2,750			2		4							• • •	•••	• • • •	• • •	4
Orummoyne	30,900	1		63		71	5	3		5	2		• • •	5	2	1	6
Oundas	6,760	•••	• • • • • • • • • • • • • • • • • • • •	13	•••	2		1	•••	• • •	• • •	•••	• • •	•••	•••		7
Castwood Enfield	3,350 15,690			31		17		1	• • •	$\frac{\cdots}{2}$	1	•••	•••	1	•••	1	$\begin{vmatrix} 3 \\ 6 \end{vmatrix}$
Ermington and	10,000	'''				1					•	•••	• • •	1	•••	•••	0
Rydalmere	2,510			$\frac{2}{1}$	• • • •	1			• • • •			• • •	•••	1			
Erskineville Elebe	6,260 19,220	•••	1	15 21	•••	18 36	1	$\begin{array}{c c} & 1 \\ & 5 \end{array}$	1	$\begin{bmatrix} 2 \\ 6 \end{bmatrix}$	1	• • •	•••	$\begin{array}{c c} 2 \\ 5 \end{array}$	•••	•••	$\frac{6}{7}$
Glebe Granville	20,930			$\frac{21}{20}$		27	$\frac{1}{2}$	1		$\begin{vmatrix} 0 \\ 4 \end{vmatrix}$	• • •	• • •	•••	$\begin{vmatrix} 3 \\ 2 \end{vmatrix}$		•••	7 5
Holroyd (Pitt and											***		•••			***	
Merrylands				0.0		1.0											
Wards)	9,420 3,290		• • • • • • • • • • • • • • • • • • • •	33	•••	10 4	•••	***	• • • • • • • • • • • • • • • • • • • •	1	 1	• • •	•••	•••	•••	•••	2
Iunter's Hill	9,790			8		1		3					• • •	• • •	•••	•••	$\frac{1}{2}$
[urstville	27,230			59		9				6	2			3		1	8
Togarah	34,670		•••	44	•••	13		3		7	1		•••	3		•••	9
Auring-gai	33,670 16,730			$\begin{array}{ c c c }\hline 44\\ 35 \end{array}$	•••	4 4	•••	•••	•••	$\frac{1}{1}$	• • •	•••	 1	•••	1	***	13
cichhardt	30,120			29		35		• • •		7		i		3		•••	7 11
idcombe	18,080			17		16	1			4	•••	•••		4	1	• • •	16
Ianly	26,640			40	• • •	14	1	•••	•••	8	1	•••			•••	•••	8
Marrickville	46,410 16,150	1		79 19		$\begin{array}{ c c } 26 \\ 20 \end{array}$	1	i		$\begin{bmatrix} 2 \\ 3 \end{bmatrix}$	$\frac{2}{1}$	•••	•••	$\begin{array}{c c} 4 \\ 1 \end{array}$	•••	•••	$\begin{array}{c c} 23 \\ 6 \end{array}$
Iosman	25,250			27		6	2			3		•••	1	î		•••	10
Vewtown	24,780			27	•••	52	1	2		9	3		• • •	3	•••	•••	17
North Sydney Paddington	53,170 23,910	•••	•••	81 28	•••	50 71	$\begin{vmatrix} 2\\1 \end{vmatrix}$	9	1	5 8	$1 \\ 4$	1	•••	10	1	•••	18
Parramatta	19,760			12	• • • •	7		-		$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	• • • • • • • • • • • • • • • • • • • •	• • •		4	•••		$\frac{13}{7}$
Petersham	27,690		•••	32		15		1		8	2		•••	7			15
Randwick	87,330	$\frac{1}{2}$		137		59	$\frac{2}{}$	2		20	2		•••	8	•••		59
Redfern Rockdale	17,410 43,630			17 68	•••	$\begin{array}{ c c c }\hline 51\\12\\ \end{array}$	•••	$\begin{vmatrix} 2\\2 \end{vmatrix}$	$\begin{vmatrix} 1 \\ 1 \end{vmatrix}$	$\begin{bmatrix} 7 \\ 7 \end{bmatrix}$	$\frac{1}{2}$	•••	•••	8	•••		14
Ryde	31,330			70		111		$\frac{1}{2}$		10	5	•••	• • • •	$\begin{vmatrix} 1 \\ 6 \end{vmatrix}$	ï		7
St. Peters	12,390		• • • •	18	1	22	1		• • • •	4	1	•••		3	• • •		5
trathfield	13,610 8,340		•••	18		8					•••	•••		2	•••		6
Vaucluse Vaterloo			:::	$\begin{vmatrix} 18 \\ 20 \end{vmatrix}$		16	• • •			$\frac{2}{4}$	 1	•••	•••	2	•••	•••	7 3
Vaverley	64,640			104		32	2	2		6	î		• • • •	$1\overline{2}$	2		27
Villoughby	46,820	1		62	•••	13	3	•••		7	•••	1		5		2	9
Voollahra	40,660	1		50	•••	14	•••	4	•••	9	2	•••	•••	2	1	•••	9
		'		•				•		'				1			1
Cabramatta and	ı	5		1	Extr	A MET	ROPOL	ITAN]	MUNIC	IPALIT	IES.	ı			1	1	
Canley Vale	7,780	1		9		18				3	1						4
Fairfield	10,702	1		10		30		• • • •		3	•••	•••	•••	•••			5
Holroyd (Guildford		1															
and Wentworth	9,230	1		1	1			1		1				0.			
Wards)ngleburn			•••	5	1	16	•••	1	•••	$egin{bmatrix} 1 \\ 2 \end{bmatrix}$	• • •	•••	•••	3			5
iverpool	7,470	1		13		18	1			5		•••		1			3
	L	Į.				1									1	l.	1
				Extra	Мете	ROPOLI	TAN S	HIRES	AND F	Port J	ACKSO	N.					
fornsby	26,840			46		12							•••				22
Varringah Iarbour of Port	20,190	•••	•••	21		15	•••	1	•••	3	• • •	•••	• • •	1		•••	9
Jackson										• • •	• • •		• • •	•••			
		10		1,964		·		58		$\phantom{00000000000000000000000000000000000$		3	2	210			••••
Total				21 11634	. 0	1,299	44		5	13 C C	51	6.5	4.)	010	11	10	618

Table II.—Showing the number of notified cases of, and deaths from, Cerebro-spinal Fever (Meningoeoeeal Meningitis), Diphtheria or Membranous Croup, Encephalitis Lethargiea, Infantile Paralysis (Acute Anterior Poliomyelitis), Searlet Fever, Typhoid Fever (including Paratyphoid), and Puerperal Infection in the Hunter River Combined District for the year ended 31st December, 1941.

Municipality or Shire.	Estimated Mean Population.	Typhoie Paratyj		Searl Feve		Diphtl	neria.	Infan Paral		Cerel spina Menin	al	Encepl Letha		Puerj Infec		Puerperal Thrombo- phlebitis, Embolism and Sudden Death.	Pulmonary Tuber- eulosis,
		С.	D.	C.	р.	С.	D.	с.	D.	C.	D.	C.	D.	C.	D.	D.	D.
							Munic	IPALIT	IES.								
Greater Newcastle Cessnock Maitland, East Maitland, West Morpeth Singleton	8,160 1,040	3 2 2 1	2	96 8 2 6	•••	240 34 14 21 	8 2 2			15 1 2 1	5 1 		•••	7 1 1	4		33 3 1 2
							SE	HRES.									
Bolwarra Kearsley Lake Macquarie Port Stephens Tarro	28,270 33,450	3 1 1 	•••	$\begin{bmatrix} 3 \\ 12 \\ 14 \\ 3 \\ 2 \end{bmatrix}$	•••	8 54 67 20 13	2 5 2 1	•••	 1 	15 6 	2 1	•••		1 			1 7 8 2
Total	232,400	11	2	146		471	22	•••	1	41	9	•••	•••	10	4	•••	59

Table III.—Showing the number of notified eases of, and deaths from, Cerebro-spinal Fever (Meningococcal Meningitis), Diphtheria or Membranous Croup, Encephalitis Lethargica, Infantile Paralysis (Acute Anterior Poliomyelitis), Searlet Fever, Typhoid (including Paratyphoid), and Puerperal Infection in the Remainder of State for the year ended 31st December, 1941.

Municipality.	Estimated Mean Population.	Typho Paraty		Scar Fev		Dipht	heria.	Infai Paral		Cere spir Menin	nal	Eneep Letha		Puer Infec	peral tion.	Puerperal Thrombo- phlebitis Embolism and Sudden Death.	Pulmonary Tuber- eulosis.
		C.	D.	c.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	D.	D.
Albury Armidale Ballina Balranald Barraba Bathurst Bega Berry Bingara	7,150 3,020 1,260 1,430 11,570 2,490 2,820 1,370	1 	1 	13 30 19 3 17 4 		1	1 	AUNICI		3 1 2	 1			 		 1	6 3 3
Blackheath Bombala Bourke Bowral Brewarrina Broken Hill Broughton Vale Burrowa Camden Campbelltown Casino Castlereagh Cobar Condobolin Cooma Coonamble Cootamundra Corowa Cowra Deniliquin Dubbo	2,000 3,290 890 27,260 230 1,190 2,680 3,160 6,040 1,210 1,830 2,810 2,170 2,930 5,570 2,940 5,530 3,390	 2 1 		6 1 13 46 1 2 4 4 1 4 1 4 1 4 1 4 1 1 1 1		1	 2 2 			1 4 1 1 2 4 2						 	2 1 12 3 3 2 1 2 1 2 4

TABLE III—continued.

REMAINDER OF STATE—Return showing the number of Cases, etc., from Country Municipalities—continued.

Municipality.	Estimated Mean Population.	Typhoi Paraty		Sear Fev		Diphtl	heria.	Infar Paral		Cercl spir Menln	nal	Encepl Letha		Puerj Infee		Puerperal Thrombo- phlebitis, Embolism and Sudden Death.	Pulmonary Tuber- culosis.
		С.	D.	С.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	D.	D.
		<u>'</u> !		1	Coun	rry M	Iunici	PALITI	ES—co	ntinue	d.					'	<u> </u>
Dungog Forbes	2,150 5,660		•••	$\frac{5}{18}$	•••	$\begin{array}{c c} 17 \\ 12 \end{array}$	•••		•••	•••				₁		•••	$\frac{1}{2}$
Gerringong	900				•••	3	•••		•••	 1			•••			•••	•••
Glen Innes Gosford	5,340 3,980	• • •	•••	5	•••		•••	•••	•••		•••		•••		•••	• • •	1
Goulburn	15,460	$\begin{vmatrix} 1\\1 \end{vmatrix}$	•••	37 8	1	$\frac{14}{9}$	 1	•••	•••	•••	•••		•••	1	1	•••	1
Grafton	7,590 2,980		•••		• • •	8		1	•••	•••	•••	•••		•••	•••	•••	$\begin{bmatrix} 2 \\ 1 \end{bmatrix}$
Grenfell	2,440			11	•••	4	2	•••	•••	•••			•••	•••	•••	•••	
Gulgong* Gunnedah	4,150		•••	5	 1	46	4	•••	•••	•••	•••	•••	•••		•••	•••	•••
Hay	3,350	1	•••	2		4	• • •	1	•••	•••					•••	•••	•••
Hillston	1,110 9,630		•••	6	•••	 8	• • •	•••	•••	 2		•••	•••	1		***	1
Inverell	6,120			3	•••	3	•••							$\frac{1}{2}$	•••	•••	$\frac{1}{2}$
Jamberoo Junee	1,130 4,380			•••	•••	3	1	•••	•••	2			•••			•••	₁
Katoomba	8,330		•••	8		10	1	•••	•••	$ \tilde{1} $	•••	•••		•••		•••	5
Kempsey	5,360 2,440	•••		3	•••	11	•••	•••	•••	 1	•••	•••	•••	•••	•••	•••	2
Kiama Lismore	13,400			3	•••	17	1	ï	•••	1	•••	•••		•••	•••	• • •	1 5
Lithgow	20,180	•••	•••	33	•••	17	•••	•••	•••	1	•••	•••		1	2	•••	1
Maclean Manilla	1,720 1,990		•••	•••	•••	3	•••	•••	• • •	• • •	•••		•••		• • •	•••	•••
Moama	720	•••	•••		•••		•••		•••			•••			• • •	•••	•••
Molong Moree		ï		7	• • •	$\begin{vmatrix} 2\\4 \end{vmatrix}$	• • •	• • •	•••		•••		•••	•••	• • •		
Mudgee	4,150			9	•••	9	•••	•••		i	•••		•••	•••	•••	•••	3
Mullumbimby Murrumburrah	1,500 2,610	•••		$\begin{vmatrix} 1 \\ 5 \end{vmatrix}$	•••	13	•••	•••	•••	 1	***	•••	• • •	•••	• • •	•••	•••
Murrurundi	1,110	•••	i		• • •		•••		•••	• • •	•••		•••	•••		•••	•••
Murwillumbah Muswellbrook		***	•••	$\frac{2}{2}$	•••	8	•••	1	•••	2	1	•••	•••	1	1	•••	•••
Narrabri	3,460	•••	•••	3	• • •	5	1		•••	•••	•••	•••	•••	•••	•••	• • •	•••
Narrandera		•••	•••	$\begin{vmatrix} 11 \\ 2 \end{vmatrix}$	•••	18	2	•••	•••	2	•••	•••	•••	1	•••	•••	2
Narromine Nowra	1,840 3,250	•••		$\frac{2}{4}$	•••	1	• • •		•••		•••	•••	•••	•••	• • •	•••	$egin{array}{c} 1 \\ 2 \end{array}$
Nyngan	1,670	 1		$\frac{1}{24}$	•••	7	•••		•••		•••	•••	•••	•••		•••	
Orange	10,930 $6,590$		1	15	• • • •	17 38	2	1	•••	$\frac{4}{1}$	•••	• • •	• • •	•••	1	•••	1
Peak Hill	1,220	•••	•••	1	•••	3	•••	•••	•••						•••	•••	3
Penrith	4,420 2,000			6	•••	$\begin{bmatrix} 6 \\ 2 \end{bmatrix}$	1	•••	•••	3	1				•••	•••	3
Queanbeyan	4,360		•••	3	•••	2			•••	2	ì	•••	•••	1	•••	•••	1
Quirindi Richmond	$2,450 \\ 2,900$		•••	2 13	•••	12 5	1 1	•••	•••	3	•••	•••	•••	 1	•••	•••	$\frac{2}{2}$
Scone	2,290		•••		•••			•••	• • •			•••	•••			•••	
Shellharbour Shoalhaven, South	2,250 8 3 0	•••	•••	1 1	•••	•••	•••	•••	•••	1	•••	•••	•••	•••	•••	***	•••
St. Mary's	3,220	•••	•••	2	•••	11	ï	•••	•••	•••	•••	•••	• • •	•••	•••	•••	1
Tamworth Taree	11, 3 90 5,210	•••	•••	5 6	 1	22	•••	•••	•••	4	1	1	1	1 1	•••	•••	3 4
Temora	4,320	•••		4		1	• • •	•••	•••	•••	•••	•••	•••		•••	•••	
Tenterfield Ulladulla	2,670 1,590	•••	•••		•••	$\frac{1}{3}$	•••	1	•••	•••	•••	•••	•••	1	•••	•••	1
Ulmarra	2,000				•••	1		•••	• • •	• • • •	•••	***	• • •		•••	•••	•••
Uralla	1,120		•••	3	•••	1	•••		•••	•••	•••	•••	•••	• • • •	•••	•••	•••
Wagga Wagga Walcha	13,720 1,550		•••	88		6		1	•••	1	•••	•••	• • •	4	•••	•••	5
Warren	1,720		î	9	•••	5		•••	•••	•••	•••		•••		•••	,	•••
Wellington Wentworth	4,430 1,580			6		36	1						•••	1	•••	I	***
Wilcannia	680											•••	•••	2	•••	•••	•••
Windsor Wingham	3,510 1,790	•••	•••	8		6	•••				1	•••	•••	1	•••	•••	•••
Wollongong	18,110	1		29		17	i			3	i		•••	•••	•••	•••	4
Yass Young				···		7				··· 2	1	•••	•••	1	•••	•••	$\frac{1}{2}$
		-		-												•••	
Total Municipalities	425,840	10	3	607	3	627	27	7		59	12		1	31	7	4	116

^{*} United with Wyaldra Shire to form Gulgong Shire, 1st January, 1941.

Table III—continued.

Remainder of State—Return showing the number of cases, etc., from Country Shires.

Shires.	Estimated Mean Population.	Typhoi Paraty		Scar Fev		Diphtl	neria.	Infar Paral		Cerel spir Menin	nal	Encepl Lethar		Puerj Infec		Puerperal Thrombo- phlebitis, Embolism and Sudden Death.	Pulmonary Tuber- culosis.
(C.	D.	С.	D.	С.	D.	С.	D.	c.	D.	C.	D.	C.	D.	D.	D.
						C	OUNTR	у Ѕнг	RES.								
Abercrombie Amaroo	$\begin{array}{c c} 4,210 \\ 2,840 \end{array}$			$\begin{vmatrix} 3 \\ 4 \end{vmatrix}$	• • • • • • • • • • • • • • • • • • • •	2		•••	***	$\begin{bmatrix} 2 \\ 1 \end{bmatrix}$	1		•••	•••	•••	•••	···
Apsley	2,550	•••	•••		• • •	1	•••	•••	• • •		•••	•••	• • •		•••	•••	•••
Ashford Barraba	4,080 2,090	•••	•••	1	•••	10			• • •	• • •	•••	•••	•••	•••	•••	***	1
Baulkham Hills Bellingen	9,080 6,260	•••	•••	$\frac{11}{2}$		5 4	1	•••	• • •	• • • •		3	• • •	•••	• • •		1
Berrigan	4,980			$\frac{9}{4}$		4	•••		•••	1		•••	•••	•••	•••	* * *	2 2
Bibbenluke Blacktown	15,750	***	•••	25	•••	16	•••	1	•••	1		• • •	• • •	• • •	•••	1	4
BlandBlaxland			•••	$\begin{array}{ c c }\hline 12\\26\\ \end{array}$	•••	11 11	1	ï	•••	$\frac{2}{2}$	1	• • •	•••	1	 1	• • •	$egin{array}{c} 5 \ 2 \end{array}$
Blue Mountains Bogan	8,350		•••	6	•••	5	•••	•••			•••	1	• • •	•••		•••	22
Boolooroo	3,610	•••		1	•••	1		1							•••	•••	•••
Boomi Boree	6,890		•••	6	• • • •	$\begin{vmatrix} 1\\9 \end{vmatrix}$	2	•••	•••		•••	•••	• • •	•••	•••	• • •	3
Bulli Burrangong		1		14 2	•••	5 4	1	•••	• • •		***		• • •	1	• • •	•••	5
Byron	7,840	•••		1		4	•••	1	•••	1	•••		•••	•••	•••	•••	2
Cambewarra Canobolas	9,160	•••		19	•••	16			•••	$\frac{\cdots}{2}$	•••	•••	• • •	• • •	***	• • •	10
Carrathool				3		9	1	•••	•••	•••	• • •	•••	•••	•••		•••	2
Cobbora Cockburn	5,350			5 3		$\begin{vmatrix} 21 \\ 8 \end{vmatrix}$	1	• • • •	•••	 1	2					•••	•••
Colo	5,110		•••	8	•••	2			•••	•••		•••	•••	•••	• • •	•••	•••
Conargo Coolah	2,000	2	•••		•••	15	ï	•••	•••		•••	•••	•••	• • •	•••	1	
Coolamon	7 000	•••	•••	$\begin{vmatrix} 2 \\ 5 \end{vmatrix}$	•••	$\begin{vmatrix} 2\\2 \end{vmatrix}$			•••		•••	•••		•••	•••	•••	3
Copmanhurst	3,450		•••	$\frac{1}{2}$	•••	$\begin{vmatrix} 2\\7 \end{vmatrix}$			•••	•••	•••	•••			•••	***	
Crookwell	6,440			16	•••	20	•••		•••		***	•••	•••	1	1	***	1
Cudgegong Culcairn	5,270 5,540			$\frac{3}{23}$	•••	6	•••	•••	•••	1	1	•••	•••	•••	•••	•••	
Demondrille	3,170	 1		3 3	•••	6 9	1 1	•••	•••			1		•••		•••	1 3
Dorrigo Dumaresq	4,340			10		8		•••	•••	 i	•••	•••			•••		$\frac{1}{2}$
Erina Eurobodalla	14,540 5,070	•••		8		5	2	i	•••		• • • •	•••	•••				ĩ
Gilgandra	5,450	1	1	3 3		$\begin{vmatrix} 4 \\ 6 \end{vmatrix}$	1	•••		1	1		•••	•••	•••		•••
Goobang	6,660	•••		5	•••	11 4	 1			2	•••		•••		•••	•••	2
Goodradigbee Gostwyck	4,180	•••	•••	6	•••	3	•••	ī	•••	• • • •	•••	•••	···		•••	•••	}
Gulgong Gundagai	4,000 5,240		•••	5 4	•••	5	$\frac{2}{\ldots}$	2	•••		•••	•••	•••	i	•••	•••	2
Gundarimba Gunning	4,650		• • • • • • • • • • • • • • • • • • • •	15	•••	11	•••		•••	•••		•••		•••	•••	•••	•••
Guyra	7,010			5		6			•••		•••	•••		•••	•••	•••	1
Gwydir Harwood	4,560	•••	•••	3	•••	4			•••		•••		•••	•••	•••	•••	•••
Hastings Holbrook	9,540		•••	6	•••	2	•••	1	•••	1	1	•••	• • • •	•••	•••	• • •	***
Hume	5,030	•••	•••	$\begin{vmatrix} 7\\3 \end{vmatrix}$	•••	10		•••	•••	•••	•••		•••		 1	•••	1
Illabo Illawarra, Central	13,720	•••	•••	23	•••	22	ï		•••	2	1	2		•••	•••	1	2
Imlay Jemalong	4,770 4,630			11 7	•••	l	•••	•••	•••		•••			• • •	•••	•••	•••
Jerilderie Jindalee	1,690			 I		1		•••	• • •	1	•••		•••	•••		• • •	•••
Kyeamba	4,660			$\begin{bmatrix} 17 \\ 2 \end{bmatrix}$	•••	$\frac{4}{29}$	•••	1	•••	•••	•••	•••	•••	3	•••	•••	1
Kyogle Lachlan	7,730	1	•••	1		4	2		• • •	2	•••		•••	i	1		1
Liverpool Plains Lockhart		•••	•••	$\begin{vmatrix} 1\\13\end{vmatrix}$	•••	18 3	•••	1	• • •	•••	• • •	•••	•••	• • •	1	•••	3
Lyndhurst	7,100	•••	•••	18	•••	5	i	1	•••	•••	•••	•••	•••	1	•••	• • •	
Macleay	8,990	•••		4	•••	3			• • •	ï	•••		•••		• • •	•••	•••
Macquarie Mandowa	2,020	•••		4	•••	7			•••		•••	•••	• • •	•••	• • •	•••	I
Manning Marthaguy	13,830		•••	4	•••	ı	•••		•••	l		•••	•••	•••		•••	
Merriwa	3,100			16	•••		•••		•••	 1				•••		•••	I
Mitchell Monaro	2,670	•••	•••	•••	•••		•••		• • •		•••		•••	•••	•••	•••	₁
Mulwaree Mumbulla		•••	•••	12		3		•••	•••	1	•••		•••		•••	•••	1
Murray Murrumbidgee	3,240			···	•••				•••	1			•••	• • •	•••	•••	1
Murrungal	2,570			1		1	•••	•••				•••	•••		•••	•••	•••
Muswellbrook Nambucca	7 000	•••	•••	2		2	•••		•••					•••	•••		1

Table III—continued.

Remainder of State—Return showing the number of cases, etc., from Country Shires—continued.

Shires.	Estimated Mean Population.	Typhoi Paraty	id and phoid.	Sear Fev		Diphth	neria.	Infan Paral		Cerel spir Menin	nal	Encept Lethar		Pueri Infec		Puerperal Thrombo- phlebitis, Embolism and Sudden Death.	Pulmonary Tuber- eulosis.
		C.	D.	c.	D.	c.	D.	c.	D.	c.	D.	c.	D.	C.	D.	D.	D.
				!		Count	RY SH	HRES-	contin	ued.							
Namoi	9,660			5		23	1				•••						1
Narraburra Nattai	4,310 5,780	• • • •		$\begin{bmatrix} 2 \\ 7 \end{bmatrix}$	•••	2	•••	•••	•••	• • •	•••	•••	• • •	•••	•••		${2}$
Nepean	3,790				•••	1	• • •	•••	• • •		• • •	i		•••	• • •	• • •	1
Nundle	1,870 $2,840$			$\begin{vmatrix} 2\\1 \end{vmatrix}$	•••	3	•••	••• ,	•••		• • •		•••		•••	•••	•••
Oberon	3,010	•••	•••	14	•••	1	•••	• • • •	•••	2	•••				•••	•••	1
Orara Patrick Plains			•••	•••	• • •	$\begin{bmatrix} 2\\2 \end{bmatrix}$	•••		•••		•••				•••	•••	•••
Peel		•••		5	•••	11	•••		•••	$\begin{bmatrix} 1 \\ 3 \end{bmatrix}$	•••				•••	•••	$\frac{1}{2}$
Rylstone Severn	5,750 6,350	···	• • • •	17 3		$egin{array}{c c} 4 & 45 \ \hline 45 & \end{array}$	1	•••	•••	 4	 1		•••	 1	•••		1
Snowy River	3,560				•••	10	• • •		•••	•••			•••		•••		
Stroud Sutherland	6,270		•••	25	•••	$\begin{bmatrix} 1\\23 \end{bmatrix}$	 1	3	•••	3	 2		•••	2	•••	•••	 11
Talbragar	4,110			1	• • •	6	•••		•••			•••			•••	•••	
Tallaganda Tamarang		• • • • • • • • • • • • • • • • • • • •		$\begin{vmatrix} 2\\1 \end{vmatrix}$	•••	1 1	• • •	•••	•••	•••	•••	•••	•••		•••	•••	•••
Tenterfield	5,410	•••		2	•••	1	•••	ï	i	•••	• • •	•••	•••	•••	•••	•••	2
Terania Timbrebongie	7.680	•••		$\frac{2}{1}$	•••	6		1	•••			•••	•••	•••		•••	***
Tintenbar	5,370	***		4	•••	7	1	•••	***	1 1	1	•••	•••			•••	
Tomki Tumbarumba	4,080	•••	•••	·	•••		•••	• • •	• • •	•••	•••	• • • •	•••	 1	•••	•••	•••
Tumut	8,440		•••	32	•••	$\frac{1}{6}$	1	1	• • •	•••	•••	•••				•••	3
Turon	4,550	1			• • • •	1	•••		•••		•••		•••		•••	•••	1
Upper Hunter	13,760 5,400			5		$\begin{vmatrix} 9\\1 \end{vmatrix}$	•••	4	***	$\begin{vmatrix} 2\\1 \end{vmatrix}$				$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	•••		1 1
Urana	3,080		•••	3		1	•••		***	•••			•••			•••	
Wade Wakool	4,320			11 4	1	4	•••	•••	***	3			•••	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	•••	•••	3
Walgett	3,880	•••				9			1			•••	•••	•••	•••	•••	
Wallarobba Waradgery	4,810 1,220			$\begin{vmatrix} 3 \\ 1 \end{vmatrix}$		•••			•••				•••	•••	• • •	•••	
Warrah	. 1,780			1					•••			,.,	•••		•••	•••	
Waugoola Weddin	5,530 4,010			5		10 4	•••		•••	i	•••		•••	•••	•••	• • •	1
Willimbong	. 8,700			6		32							•••	i		•••	3
Windouran Wingadee	. 860 3,590			$\begin{vmatrix} 1 \\ 4 \end{vmatrix}$	•••	•••				•••				 1		•••	•••
Wingecarribee	7,500			22		3	ï			1			•••				
Wollondilly Woodburn		•••		4		$\begin{vmatrix} 3 \\ 7 \end{vmatrix}$	ï	1	•••	1		•••	•••	•••	1	1	4
Woy Woy	2,880			3					,			•••	•••				4
Wyaldra† Yallaroi	4,520	•••	•••	•••	•••							•••	•••			•••	•••
Yanko	5,140	•••		3		10		1					•••				2
Yarrowlumla	3,140	•••		•••	•••	12					•••	•••	•••			•••	•••
Total, Shires	712,170	8	1	665	1	661	28	24	2	54	12	8	1	19	6	10	140
Dalmanald		1	WE	STERN	Divis	ion (U	NINCO	RPORA	TED)	Police	Dist	RICTS.*	,			(
Balranald Bourke		1 "1				i			• • • •			•••	•••	•••		•••	
Brewarrina							•••									•••	
Broken Hill			•••	•••		1 1	•••			•••	•••	•••				•••	•••
Hay							•••						•••	•••			
Ivanhoe		•••		1		2	•••				•••	•••		•••		***	•••
Menindie Mitchell					• • • • • • • • • • • • • • • • • • • •			•••	•••	•••		,	•••			•••	•••
Nyngan					•••			•••	•••	,	•••	•••	· · · · · · · · · · · · · · · · · · ·	•••		•••	
Walgett Wentworth			•••	2	•••	•••		1	***	,	•••		•••	•••		•••	•••
Wilcannia					•••			•••	•••		•••		•••	•••			
Total,		+	-						-	\			7		-		
Unincorporated	17,800	1		3		5		1					•••		1		1
Lord Howe Island	1.00	1	1			I	Miscei	LLANEC	us.				1				
Migratory	$\begin{bmatrix} 160 \\ 4,355 \end{bmatrix}$,	1			•••	•••	•••	•••	•••	•••	•••		•••	•••	
Outside the State-	-																
Australian Capital Territory								•••									
Queensland		•••			•••	•••	•••	•••	•••	•••	•••				•••	•••	
Victoria South Australia			•••					•••	•••		•••	•••	 			•••	
Total Miscellaneous			-														
		•••	-	•••			•••		•••	,						•••	
Total, N.S.W.	2,799,155	40	8	3,385	6	3,063	121	90	8	411	84	13	4	270	29	24	934
			* Don	lation a	The	. 43	-21-1-1-	anles for		amanat	od omo	00 0 1	cholo				

^{*} Population and Deaths available only for unincorporated area as a whole. † United with Gulgong Municipality to form Gulgong Shire, 1st January, 1941.

Table IV.—Table showing Age and Sex Incidence, and Mortality, in the Metropolitan Combined District, Hunter River Combined District, Broken Hill District, and Remainder of State, from the notified cases of Cerebro-spinal Fever (Meningococcal Meningitis), Diphtheria and Membranous Croup, Infantile Paralysis (Acute Anterior Poliomyelitis), Encephalitis Lethargica, Scarlet Fever, Typhoid Fever (including Paratyphoid) and Puerperal Infection, for the year ended 31st December, 1941.

Infect												, Тур	noia	T.	ever ((inc	uan	ıg Pa	araų	ypnc	oia) a	na	ruer	peral
	ר.	Typho	id and	Para	typho	id.		s	earlet I	Fever					Diphtl	heria.					dysis.			
	1	neidei	nee.	N	Iortal	ity.]	neiden	ee.	A	Iorta	lity.]	neid	enee.	М	ortali	ty.	I	neide	nee.	N	Iortali	ty.
Age Period.]	Notifie Case:			Notific Death			Notifie Cases			Notif Deat			Notif Case			Notifi Deatl			Notifi Case			Notific Death	
	М.	F.	Total.	М.	F.	Total.	М.	F.	Total.	М.	F.	Total.	M.	F.	Total.	М.	F.	Total.	М.	F.	Total.	М.	F.	Total.
									Mramp o	DOT I	n 1 37 (COMBINE	n Dr	amp r a	m									,
All ages	5	5	10	1	1	2	749	1,215	1,964	···	$\frac{2}{2}$		583		$\frac{1,299}{1}$	20	24	44	41	17	58	3	2	5
Under 1 year 1- 4 years 5-14 ,, 15-24 ,, 25-34 ,, 35-44 ,, 45-54 ,,		 1 2 2	 3 5 2		 1 	 2 	1 211 426 52 21 26 7 3	2 236 665 125 89 70 13	3 447 1,091 177 110 96 20 10	•••	1 1 	1	30 5 3 	2 235 350 58 37 4 13	13 470 645 88 42 7 13	2 12 6 	1 16 5 2 	3 28 11 2 	1 8 31 1 	12 1 	1 12 43 2 	 2 1 	2	 4 1
55-64 ,, 65 and over Not stated				:::			2	17	1 9	ER R	IVER	COMBIN	 4	3 7	3 11	•••							•••	
All ages	I	5	11	1	1	2	56	90	146		-	-	$\frac{244}{10}$	227	471	12	10	22	-			1		1
Under 1 year 1- 4 years 5-14 ,, 15-24 ,, 25-34 ,, 35-44 ,, 45-54 ,, 65 and over Not stated		3 1 1 	 5 1 3 1 	 	1 	1	24 27 3 1 1 	17 54 6 7 6 	41 81 9 8 7 				10 100 92 19 11 4 3 3 	5 80 88 27 10 6 5 2 1	5	3 7 2	7 3 	3 14 5				"i		 1
										Bro	KEN	HILL D	ISTRIC	T.										
All ages		1	2	···			19	27	46		-	1	1 1 5	19	-		-	2 ₁		•••				•••
1- 4 years 5-14 ,, 15-24 ,, 25-34 ,, 35-44 ,, 45-54 ,, 65 and over Not stated	1	1					15	17 1 2 1 	10 32 1 2 1 				12	7 3	19 3 3 		1							
												ER OF			0	. 00	. 0.5		.1 200	. 15				
All ages Under 1 year 1-4 years 5-14 ,, 15-24 ,, 25-34 ,, 35-44 ,, 45-54 ,, 55-64 ,, 65 and over	1 2 2 3 3 3	2 3 1	17 3 5 2 4 3 	 1 2		1 2 1	$\begin{array}{ c c c }\hline & 466 \\ & 6 \\ 126 \\ 260 \\ & 35 \\ 17 \\ 11 \\ & 3 \\ 1 \\ & \ddots \\ & 7 \\ \hline \end{array}$	763 4 145 429 74 59 33 4 5 1	271 689 109 76 44 7 6		2 1 1 	2 1 1 	$ \begin{vmatrix} \frac{546}{12} \\ 213 \\ 250 \\ 30 \\ 19 \\ 11 \\ 7 \\ 1 \\ 1 \\ 2 \end{vmatrix} $	7 214 301 80 57 23 12	19 427 551 110 76 34 19 6	19 9	18 7 	37 16 	$\frac{1}{2}$	5 5 4 1	32 17 16 7 1 	1		

Table IV.—Table showing Age and Sex Incidence, and Mortality, in the Metropolitan Combined District, Hunter River Combined District, Broken Hill District, and Remainder of State, from the notified cases of Cerebro-spinal Fever (Meningococcal Meningitis), Diphtheria and Membranous Croup, Infantile Paralysis (Acute Anterior Poliomyelitis), Encephalitis Lethargica, Scarlet Fever, Typhoid Fever (including Paratyphoid) and Puerperal Infection, for the year ended 31st December, 1941—continued.

	Ence	phalitis	Lethar	gica.			Cereb	ro-spina	l Menir	ngitis.		Puerperal	Infection.	Puerperal Thrombo- phlebitis,		ılmor	
In	ncidence	e.	M	Cortality	у.	I	ncidenc	e.	M	lortality	у.	Incidence.	Mortality.	Embolism and Sudden Death.		bercu	losis.
	Notified Cases.					:	Notified Cases.					Notified Cases.	Notified Deaths.	Deaths.		Death	ns.
м.	F.	Total.	м.	F.	Total.	M.	F.	Total.	м.	F.	Total.	F.	F.	F.	М.	F.	Total.
						Mana	OT 177 1 37	Coupu	ınn Dr	OMP LOW							
2	1	3	1	1	2	163	94	257	31	20	51	210	11	10	433 1	.85	618
₁		₁	 1 		 1 	12 25 31 42 29	9 17 14 21 12	21 42 45 63 41	3 10 6 4 3	2 6 5 	5 16 11 4 5	74 102	 1 8	 1 7	 17 49	2 27 52	₂ ₄₄ 101
	::: 1 :::	 1 		 1	 1 	14 5 3 	$\begin{bmatrix} 7\\8\\4\\2\\ \end{bmatrix}$	21 13 7 2 2	2 1 2 	$\begin{bmatrix} & 1 \\ 2 \\ 1 \\ 1 \\ \cdots \end{bmatrix}$	$\begin{array}{ c c }\hline & 1\\ & 4\\ & 2\\ & 3\\ & \cdots\end{array}$	26 8	2		98 58	23 19 16	123 157 117 74
,					1	Hunter	River	Сомві	NED DI	STRICT.		,					
•••	•••			•••		34	7	41	5	4	9	10	4		36	23	59
						2 3 7 10 9 2 	 2 3 1	2 5 10 10 9 2 1 2	 3 1 	1 1 1 1 1 1 1 1 1	1 1 4 2 1 	3 6 1 	 2 2 		1 7 9 12 6	3 6 3 4 3	 1 4 4 13 12 16 9
-						В	ROKEN	HILL D	ISTRICT								
				•••		3	1	4			<u> </u>	1			12	-	12
						 1 1 	 1 	 1 1 1 1 				 	:::		 3 4 4 1		 3 4 4 1
7 1	3	10	2	1	2	71	REMAIN 38	DER OF	STATE.	6	24	49	14	14	149	96	245
1 2 2 2 1 1 1	 1 1 1 	 1 3 3 1 1 1 	 2 		2 	2 13 13 13 18 5 5 	 5 13 10 4 4 1 1	2 18 26 23 22 9 6 1	3 5 2 3 3 1 1	3 1 1 1	3 5 3 6 1 1 2 	18 20 8 	3 7 	 1 8 5 	7 17 26 30 37 32	1 10 26 20 15 12 12	1 17 43 46 45 49 44
	M. 2	Notified Cases. M. F. 2 1	M. F. Total. 2 1 3 1 1 1 1	Notified. Cases.	Notified Cases. Notified Deaths	Notified Cases Cases Notified	Notified Cases. Notified Deaths.	Notified Cases Notified Cases	Notified Cases Notified Cases Notified Cases	Notified Cases. Notified Deaths. Notified Cases. Notified	Notified Cases. Notified Deaths. Notified Cases. Notified	Notified Cases Notified Deaths Notified Cases Notified Cases Notified Deaths	Notified Cases. Notified Deaths. Notified Cases. Notified Deaths. Notified Cases.	Notified Cases Notified Deaths Notified Cases Notified Deaths Deaths	Incidence	Incidence	Incidence

Table V.—Showing the seasonal prevalence of Cerebro-spinal Fever (Meningococcal Meningitis), Diphtheria and Membranous Croup, Infantile Paralysis (Acute Anterior Poliomyelitis), Encephalitis Lethargica, Scarlet Fever, Typhoid Fever (including Paratyphoid), and Puerperal Infection in New South Wales for the year ended 31st December, 1941.

31st D	ecemb	er, T) 4 1.																	
Month-	Metropo Combi Distri	ned	Hunter Comb Distr	ined	Brol Hi Dist	11	Remai of Stat	•	Tot	ai.	Metrop Comb Distr	ined	Com	r River bined ricts.	E	oken Till trict.	Rema o Sta		Total	
	c.	D.	С.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	c.	D.
			Tunha	id and	l Dan		oid For	<u> </u>	1	1	<u> </u>	<u> </u>	1	Can	los II	1	1 1			
January	1	•••	1 ypnc	ла апс	ı Para	ււypn 	oid Fev $_{\parallel}$	er. 1 }	9	1	147	1	18	Sear	$\det \mathbf{F}$	ever.	90	1 (255	2
February	1	•••	1				3	1	5	1	189		16	•••	•••	•••	113		318	
March	3	• • •	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	1	ï		2	•••	$\begin{bmatrix} 5 \\ 3 \end{bmatrix}$	1	$\begin{array}{c c} 228 \\ 226 \end{array}$	1	11	• • •	15	• • •	$\left egin{array}{c} 200 \\ 162 \end{array} \right $		$\begin{array}{c c} 439 \\ 422 \end{array}$	2
May		•••		•••							213	•••	10	•••	9	•••	140		372	• • •
June	$\begin{bmatrix} 2 \\ \end{bmatrix}$	1	$\begin{vmatrix} 1 \\ \end{vmatrix}$	•••			$\begin{bmatrix} 2 \\ 2 \end{bmatrix}$		$\begin{bmatrix} 5 \\ 2 \end{bmatrix}$	1	$\begin{array}{c c} 179 \\ 189 \end{array}$	•••	10 19	• • •	$\frac{1}{6}$		$\begin{vmatrix} 87 \\ 98 \end{vmatrix}$	1	$\begin{array}{c c} 277 \\ 312 \end{array}$	1
August	1	•••	•••	•••					1		$\begin{array}{c c} 136 \\ 144 \end{array}$		14	•••	7 3	•••	85	1	242	1
September October	1	•••		•••	•••	•••	1 1		$\begin{bmatrix} 2 \\ 1 \end{bmatrix}$	•••	131	• • •	$\begin{vmatrix} 4 \\ 14 \end{vmatrix}$	•••	3		$\begin{bmatrix} 72 \\ 63 \end{bmatrix}$	•••	$\begin{array}{c c} 223 \\ 211 \end{array}$	•••
November	•••		1	1			$\begin{bmatrix} 2 \\ 2 \end{bmatrix}$	$\frac{\cdot \cdot \cdot}{2}$	3	1 3	96 86	•••	7	• • •		•••	56	•••	159	•••
December	1	1 			1				4				$\begin{bmatrix} 4 \\ \end{bmatrix}$		2		63		155	
Total	10	2	11	2	2	1.41.	17	4	40	8	1,964	2	146	···	46	1	1,229	4	3,385	6
January	98	3	58	2	Dij 	$\frac{\mathbf{phthe}}{\cdots}$	rıa. 50 (4	206	9	2	1 (l	$rac{1}{1}$			3. 2		1 4 1	2
February	95	2	57	1	2		108	5	262	8	$\tilde{1}$		•••		•••	•••	1	•••	$\begin{bmatrix} 4 \\ 2 \end{bmatrix}$	
March	$\begin{array}{c c} 140 \\ 171 \end{array}$	4 4	$\left \begin{array}{c}54\\70\end{array}\right $	$\begin{bmatrix} 2 \\ 3 \end{bmatrix}$	 1		$\begin{bmatrix} 230 \\ 207 \end{bmatrix}$	7 5	424 449	$\begin{array}{c} 13 \\ 12 \end{array}$	•••			•••		• • •	$\begin{bmatrix} 4 \\ 2 \end{bmatrix}$	•••	$\left egin{array}{c} 4 \ 2 \end{array} \right $	•••
April	138	7	39	5	6	1	189	10	372	23	2						2		4	• • •
June	$\begin{array}{c c} 125 \\ 112 \end{array}$	$\frac{4}{2}$	$\begin{vmatrix} 25 \\ 60 \end{vmatrix}$	$\begin{bmatrix} 1 \\ 3 \end{bmatrix}$	$\begin{bmatrix} 2 \\ 4 \end{bmatrix}$	•••	$egin{array}{c c} 138 & \\ 121 & \end{array}$	$\cdot \frac{6}{6}$	$\begin{bmatrix} 290 \\ 297 \end{bmatrix}$	11 11	$\begin{bmatrix} 2 \\ 4 \end{bmatrix}$	 1	***	•••	• • •	•••	$\begin{bmatrix} 5 \\ 2 \end{bmatrix}$	···i	$\begin{bmatrix} 7 \\ 6 \end{bmatrix}$	$\frac{\cdots}{2}$
July	91	5	31	3	5	•••	45	2	172	10	5	î	•••	• • •	• • •		1		6	1
September	103 85	$\frac{3}{2}$	16 29	1	6 7		46 49	$\begin{bmatrix} 2 \\ 4 \end{bmatrix}$	$\begin{array}{c c} 171 \\ 170 \end{array}$	$\begin{array}{c c} 6 \\ 6 \end{array}$	$\begin{array}{c c} & 5 \\ 12 \end{array}$	1	•••	•••	•••	•••	3 5	1	8 17	1
November	66	6	13	•••		ï	40	1	119	8	11	î	•••	•••	•••		2	• • •	13	î
December	75	2	19	1	5	•••	32	1	131	4	14	•••	•••	•••		•••	3		17	•••
Total	1,299	44	471	22	38	2	1,255	53	3,063	121	58	5	l	1			32	2	90	8
_		1	1				ingitis.	. 1	. 7	. 1		1		phaliti		, ,	ca.		1	
January February			•••	•••		•••	ï	$\begin{vmatrix} 1 \\ \end{vmatrix}$	$\begin{vmatrix} 7 \\ 4 \end{vmatrix}$	1		•••	• • • •	• • •		•••	•••	• • •	***	
March	3		$\begin{vmatrix} 2\\1 \end{vmatrix}$	•••	•••	•••	1	•••	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$		• • •		• • •	•••	•••		•••	•••		
April May		$\begin{vmatrix} 3 \\ 1 \end{vmatrix}$	1	•••		•••	1	2	7	$\frac{3}{3}$		•••	• • •	•••	•••		•••	•••	•••	
June	11	2 8			•••	•••	4	2	15	$\frac{4}{12}$	•••	•••		•••	•••		 0	•••		•••
July August		5	5 5	$\begin{vmatrix} 2\\3 \end{vmatrix}$		•••	$\begin{array}{c c} & 12 \\ & 17 \end{array}$	$\begin{vmatrix} 2 \\ 5 \end{vmatrix}$	45 55	$\begin{vmatrix} 12\\13 \end{vmatrix}$		i	•••		•••		2	 1	2	2
September	52	12	9	1		•••	33	3	94	16	1	1	•••	•••			4	•••	5	1
October November	1 00	8	$\begin{vmatrix} 5 \\ 6 \end{vmatrix}$	$\begin{vmatrix} 2\\1 \end{vmatrix}$		• • • •	$\begin{vmatrix} 20 \\ 9 \end{vmatrix}$	$\begin{vmatrix} 2 \\ 4 \end{vmatrix}$	70 48	11 13	2	•••					$\frac{2}{1}$		4	•••
December	91	5	8	4		•••	10	3	53	8		•••	•••	•••	•••	•••	1	1	1	1
Total	257	51	41	9	4		109	24	411	84	3	2	•••				10	2	13	4
	uerpera		bolism	Thro	m boj	phleb	itis and	_	den De					rperal	1	1	1 2			
January February			•••	•••		•••		$\begin{array}{c c} & 1 \\ & \dots \end{array}$	•••	$\begin{vmatrix} 2 \\ \end{vmatrix}$	$\frac{6}{20}$	$\begin{vmatrix} 1\\1 \end{vmatrix}$	1	•••	•••	•••	$\begin{vmatrix} 2\\4 \end{vmatrix}$	$\begin{vmatrix} 1 \\ 1 \end{vmatrix}$	$\begin{vmatrix} 9\\24 \end{vmatrix}$	$\begin{vmatrix} 2\\2 \end{vmatrix}$
March		3		•••	•••			4		7	28	2	1		•••		6	1	35	3
April May		ï						$\begin{vmatrix} 1\\2 \end{vmatrix}$		$\begin{vmatrix} 1 \\ 3 \end{vmatrix}$	26 16	1	2	i	•••		$\begin{bmatrix} 6 \\ 6 \end{bmatrix}$	$\begin{vmatrix} 1\\2 \end{vmatrix}$	34 22	$\begin{vmatrix} 2\\ 3 \end{vmatrix}$
June								2		2	22	1	•••	1			9	3	31	5
July August		1			•••			•••	•••	1	15 19	$\begin{vmatrix} 1\\2 \end{vmatrix}$	4	1	•••	•••	$\begin{array}{c c} 2 \\ 4 \end{array}$	1	17 27	$\begin{vmatrix} 1 \\ 4 \end{vmatrix}$
September								2		2	15		2		1		2	î	20	1
October November	1	$\begin{vmatrix} 1 \\ 3 \end{vmatrix}$	•••		•••		•••			$\begin{vmatrix} 1 \\ 3 \end{vmatrix}$	20 16	$\begin{vmatrix} 1 \\ 1 \end{vmatrix}$	•••	1	•••	•••	$\begin{array}{c c} 3 \\ 4 \end{array}$		23 20	$\begin{vmatrix} 2\\1 \end{vmatrix}$
December	-							2		2	7						î	3	8	3
Total		10	·					14		24	210	11	10	4	1		49	14	270	29
						1		1		1	1		_							

Month—	Metropo Comb Distri	ined	Hunter Comb Distr	ined	Bro H Dist		Remai of Stat	_	Tot	ai.
22011011	С.	D.	c.	D.	C.	D.	С.	D.	C.	D.
			Puli	nonary	7 Tub	ercul	osis			
January		42		8				23		73
February		52		$2 \mid$		1		14		69
March		45		3	•••	1		23		72
April	•••	52		4		1		14	• • •	71
May		75		6	•••	1		22	•••	104
June		66	•••	6	•••	3		21	•••	96
July		65		4	• • •	1	• • •	25		95
August		51		6	•••	2	•••	19		78
September		49		4		1	•••	20	•••	74
October		42		4	•••	•••		25	• • •	71
November		41		10	•••	1	•••	21	•••	73
December		38		2	•••	•••	•••	18	•••	58
								245		004
Total	•••	618		59	•••	12		245	•••	934

SUMMARY.

. District.		phoid ever.		arlet ver.	Diph	theria.		ntile lysis.	sp	ebro- inal ngitis.		ohalitis argica.		rperal ction.	Puerperal Thrombo- phlebitis, Embolism and Sudden Death.	Pulmonary Tuber- culosis.
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	†† Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Deaths.	Deaths.
Metropolitan Combined Sanitary District Hunter River Combined District Broken Hill District	10	2 2	1,964 146 46	2 	1,299 471 38	44 22 2	58	5	257 41 4	51 9	3	2	210 10 1	11 4	10 	618 59 12
Remainder of State— Munlcipalities Shires Unincorporated Lord Howe Island A.C.T.	8 8 1 	3 1 	561 665 3	3 1 	589 661 5	25 28 	7 24 1 	₂	55 54 	12 12 	2 8 	1 1 	30 19 	7 6 1 	10 	104 140 1
Total	40	8	3,385	6	3,063	121	90	8	411	84	13	4	270	29	24	934

^{††} Deaths from notifiable forms only.

SECTION I.

A.—COMMUNICABLE DISEASES, 1942.

Notifiable Infectious Diseases Recorded in New South Wales during the Year ended 31st December, 1942.

Public Health Acts, 1902-1937.

The Public Health Act, 1902, provides that the Governor may, by proclamation in the Government Gazette, declare that any disease therein named is an infectious disease.

			Cases	and Dea	ths Notifi	ied.	
Diséase.	Notifiable from —	194	10.	194	1.	19	12.
		Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Typhoid fever and paratyphoid	1st January, 1898		9	40	8	31	6
Smallpox Scarlet fever	39		15	3,385	6	1,576	9
Diphtheria or membranous croup	23rd January, 1900		74	3,063	121	1,454	79
Infantile paralysis (including any form of acute anterior poliomyelitis, polioencephalitis or polio-myeloencephalitis.	1st February, 1912, Definition; re-proclaimed 14th August, 1931.	11	1	90	8	34	1
Epidemic cerebro-spinal fever (meningococcal meningitis).	11th October, 1915	41	13	411	84	879	125
Encephalitis Lethargica		7	3	13	4	12	3
Typhus fever	,,	5	•••	10	•••	8	1
Yellow fever Puerperal infection	16th August, 1929	245	50*		29*		36*
Undulant fever	13th August, 1937		2	1	•••	5	•••
Total cases and deaths notified		5,236	167	7,283	260	4,243	260
Population as at 31st December		2,78	82,991	2,80	02,014	2,83	33,133

^{*} See text below.

PUBLIC HEALTH ACT, 1902.

A total of 4,243 cases of infectious disease was notified under the Public Health Act, 1902, during 1942, or 3,040 less cases than in 1941. The number of cases notified from the 157 municipal, 138 shire and fourteen police districts, the deaths due to these infections, the age and sex of the patients, and the seasonal incidence of the various diseases are shown in appended Tables I-V (pp. 30-38). As indicated below, pulmonary tuberculosis is notifiable under the Public Health (Amendment) Act, 1915, and venereal diseases under the Venereal Diseases Act, 1918.

Typhoid Fever.—The thirty-one cases and six deaths notified in 1942 show the lowest incidence of this infection hitherto recorded. In 1941 there were forty cases and eight deaths.

Scarlet Fever.—There were 1,576 notified cases and nine deaths, a decrease of 1,809 cases as compared with 1941 when 3,385 cases and six deaths were recorded.

Diphtheria.—There were 1,454 notified cases and seventynine deaths, in comparison with 3,063 cases and 121 deaths in

Infantile Paralysis.—Thirty-four cases and one death were notified. In 1941 there were ninety cases, with eight deaths.

Puerperal Infection.—Two hundred and forty-four cases were notified, or twenty-six less than in 1941. The recorded deaths from puerperal septicaemia and post-abortive sepsis in 1942 numbered 36, which does not include 30 deaths from sepsis classed as criminal abortion. Under the revised International List of Causes of Death which came into use in 1940, puerperal thrombophlebitis, embolism, and sudden death are included as subdivisions of the "infection" group, but to maintain comparability with previous years such deaths are omitted here and shown separately in the following pages. There were 13 deaths in this additional group.

Cerebro-spinal Meningitis.—Eight hundred and seventy-nine cases and 125 deaths were reported in 1942. In 1941 there were 411 cases and eighty-four deaths.

Encephalitis Lethargica.—Twelve cases and three deaths were notified, compared with thirteen cases and four deaths in 1941.

Undulant Fever.—On 13th August, 1937, a proclamation was issued making undulant fever notifiable on and from that date

Bubonic Plague.—No case of this disease has been reported since June, 1923. Rat-catchers are continuously employed in the vicinity of wharves and in the city area. Plague was not detected in the 3,084 rats examined in the Microbiological Laboratory.

Smallpox.-No case was reported during 1942.

Leprosy.—Five cases of leprosy were notified in 1942, but no patients under detention in the Lazaret died during the year. For the report on Leprosy in New South Wales, see page 133.

PUBLIC HEALTH (AMENDMENT) ACT, 1915.

Pulmonary Tuberculosis was made a notifiable disease under an amendment of the Public Health Act in 1915. In 1942 registered cases amounted to 1,912, a decrease of four on the registrations received in 1941. There were 958 deaths, or an increase of twenty-four compared with the deaths recorded in 1941. A survey by the Director of the Tuberculosis Division is on page 109.

VENEREAL DISEASES ACT, 1918.

Cases of venereal disease notified in 1942 numbered 5,990, an increase of 1,192 cases on the number (4,798) received in 1941. The Report of the Director of the Division is on pages 80-82.

Table I.—Showing the number of notified cases of, and deaths from, the following diseases:—Cerebro-spinal Fever (Meningococcal Meningitis), Diphtheria and Membranous Croup, Encephalitis Lethargica, Infantile Paralysis (Acute Anterior Poliomyelitis), Scarlet Fever, Typhoid Fever (including Paratyphoid) and Puerperal Infection in the Metropolitan Combined Districts for the year ended 31st December, 1942.

Municipality or Shire.	Estimated Mean Population.	Typho Paraty		Sca Fev		Dipht	heria.	Infa Paral		Cere spi Menii	nal	Encep		Puer Infec	peral etion.	Puerperal Thrombo- phlebitis, Embolism and Sudden Death.	Pulmonary Tuber- culosis.
		С.	D.	С.	D.	C.	D.	C.	D.	C.	D,	C.	D.	C.	D.	D.	D.
					M			N Mun	ICIPAL								
Sydney, City of Alexandria	83,990 8,570	$\frac{2}{1}$		$\begin{vmatrix} 67 \\ 4 \end{vmatrix}$	•••	$\begin{vmatrix} 102 \\ 8 \end{vmatrix}$	8	1		43	4	•••		$\begin{vmatrix} 51 \\ 1 \end{vmatrix}$	$\begin{vmatrix} 1 \\ 1 \end{vmatrix}$	•••	$\frac{78}{6}$
Annandale	11,530	• • •	• • •	6	• • • •	$\frac{3}{2}$	•••		:::	8	$\frac{1}{2}$			$\begin{vmatrix} 1 \\ 4 \end{vmatrix}$		•••	$\frac{0}{4}$
Ashfield	43,800	•••	•••	23	•••	4	1		•••	4	1	•••		5	1		15
Auburn Balmain	$20,820 \\ 26,600$	•••	•••	$\begin{array}{ c c }\hline 18 \\ 29 \\ \end{array}$	•••	$\begin{array}{ c c }\hline 23 \\ 24 \\ \end{array}$	$\begin{vmatrix} 1 \\ 1 \end{vmatrix}$	$\frac{2}{}$	•••	$\begin{vmatrix} 5\\9 \end{vmatrix}$	$\frac{1}{4}$	•••	•••	$\begin{array}{c c} 3 \\ 2 \end{array}$	1	•••	19
Bankstown	31,330	•••		24	i	17	1	•••		$\frac{3}{22}$	5		•••	$\begin{vmatrix} 2 \\ 9 \end{vmatrix}$		•••	14
Bexley	24,600	•••		17	•••	8		1	•••	2		•••		1		•••	4
Botany	$9,260 \\ 20,790$	•••	•••	$\begin{array}{ c c c }\hline 16 \\ 5 \end{array}$	•••	18 5	2	•••	•••	8	$\begin{array}{c c} & 1 \\ 2 & \end{array}$	•••	•••	$\frac{1}{3}$	$\begin{array}{c c} 1 \\ 1 \end{array}$	***	$\frac{4}{6}$
Burwood Canterbury	87,930	•••	•••	$\begin{vmatrix} 67 \end{vmatrix}$	• • • •	19	1	ï		36	$\frac{2}{7}$		•••	3	$\begin{bmatrix} 1\\2 \end{bmatrix}$	•••	$\frac{3}{29}$
Concord	24,550	•••	•••	16		8		ī		12	i		•••	2	•	•••	11
Darlington	2,760	•••	* * *	1	•••	l	•••	•••	•••				•••	3		•••	5
Drummoyne Dundas	30,960 6,900	* • •	* * *	17	•••	13	•••	•••	•••	8	1	•••	•••	1	1	•••	$\frac{8}{2}$
Eastwood	3,410	• • •	•••	$\frac{1}{2}$	•••	$\frac{3}{2}$	•••	• • •		3	•••	•••	•••	• • •	•••	•••	
Enfield	16,430	•••	•••	6	•••	2	•••	•••		9	1	•••	•••	3	•••	•••	11
Ermington and	9.560					1				1							
Rydalmere Erskineville	$\begin{array}{c} 2,560 \\ 6,340 \end{array}$	• • • •	• • •	5	•••	$\begin{array}{c c} 1 \\ 7 \end{array}$	•••	i	•••	$egin{array}{c} 1 \ 2 \end{array}$	•••	•••		•••	•••	•••	
Hebe	19,570	•••	•••	5	•••	8	1	ī		6	1	•••		5		•••	10
Granville	21,030	•••	• • •	9	•••	18	•••	•••	•••	4	1			4	•••	•••	8
Holroyd (Pitt and Merrylands																	
Wards)	10,340			26	1	8	• • •	•••		3	•••						4
Homebush	3,320			7		4	•••	• • •		1	•••	•••	•••	1	•••	• • • •	2
Hunter's Hill	9,970	• • • •	•••	8	1	$\frac{2}{2}$		2	•••	2	1	•••	•••			1	2
Hurstville	$28,750 \\ 35,930$	•••	•••	$egin{array}{c c} 24 & \\ 13 & \\ \end{array}$	•••	$\frac{2}{3}$	1 1	•••	•••	$\frac{8}{13}$	1 1	•••	•••	$\begin{array}{c c} 3 \\ 1 \end{array}$	1	•••	14 13
Kuring-gai	34,990	• • •	• • •	28	•••	$\frac{3}{4}$	î	•••		13	î	•••	•••	$\frac{1}{2}$	$\frac{\cdots}{2}$	•••	$\frac{10}{23}$
Lane Cove	17,730		•••	6		$\frac{2}{2}$	•••	•••	•••	5	•••	•••		•••	•••	•••	2
Leichhardt	$ \begin{array}{c c} 29,720 \\ 18,190 \end{array} $	1	 1	$\begin{vmatrix} 14 \\ 3 \end{vmatrix}$	1	$\begin{bmatrix} 26 \\ 7 \end{bmatrix}$	1	3	•••	$\frac{13}{6}$	1	1	•••	2	•••	•••	15 18
Manly	29,000			15	• • •	3	• • •		•••	13	1				1	•••	10
Marrickville	46,610	1	•••	31		10		• • •	•••	12	2	•••	•••	1		1	15
Aascot	16,710	•••	•••	8	•••	19	1	2	•••	7	•••			8	•••	•••	6
Mosman	$25,610 \ 25,350$	***	•••	$\begin{bmatrix} 10 \\ 12 \end{bmatrix}$	• • •	$\begin{bmatrix} 2\\21 \end{bmatrix}$	3	1 1	•••	$\frac{4}{10}$	$\frac{\cdots}{2}$	1	1	5	ï	•••	10 18
North Sydney	54,610	•••	•••	$\frac{12}{26}$		10			•••	19	ĩ	•••		1			18
Paddington	24,780		1	9		30	2	1		5				5			19
Parramatta	20,110	•••	• • •	$\begin{bmatrix} 10 \\ 12 \end{bmatrix}$	•••	$egin{array}{c c} 10 \ 11 \ \end{array}$	$\begin{bmatrix} 1 \\ 2 \end{bmatrix}$	•••	•••	7	$\frac{2}{2}$	•••	•••	5		•••	$\frac{9}{12}$
Petersham	$27,880 \ 89,860$	5	•••	46	•••	$\begin{array}{c c} & 11 \\ 61 \end{array}$	$\begin{bmatrix} \frac{2}{2} \end{bmatrix}$	 1	•••	$\begin{array}{c} 16 \\ 32 \end{array}$	$\begin{bmatrix} 2 \\ 6 \end{bmatrix}$	•••	•••	$\begin{vmatrix} 4 \\ 10 \end{vmatrix}$	1	•••	48
Redfein	17,560			6		33	3	• • • •		12	ì	•••	•••	6			18
Rockdale	45,170	1		18	•••	7	•••	•••		9		•••	•••	3			14
Ryde	$\begin{array}{c c} 32,050 \\ 12,290 \end{array}$	•••	•••	$\begin{bmatrix} 23 \\ 9 \end{bmatrix}$	•••	$\begin{bmatrix} 9 \\ 17 \end{bmatrix}$	${2}$	1	•••	$\frac{17}{2}$	$\begin{bmatrix} 6 \\ 1 \end{bmatrix}$	•••	•••	7 5	$2 \mid$	•••	12 4
St. Peters	14,210	• • •	•••	$\begin{bmatrix} 3 \\ 4 \end{bmatrix}$	• • •	3	•••	1	•••	$\frac{2}{2}$	$\frac{1}{2}$	•••		$\begin{bmatrix} 3 \\ 2 \end{bmatrix}$	•••	•••	3
Vaucluse	8,720			1		1	•••			$\overline{2}$						•••	1
Waterloo	11,560		•••	9	•••	20	1	1	•••	14	$\frac{2}{2}$	•••	•••			•••	7
Waverley Willoughby	69,230 $47,840$	1	•••	$\begin{array}{c c} 41 \\ 12 \end{array}$	•••	$\begin{array}{c c} 13 \\ 14 \end{array}$	2	• • •	•••	$\frac{19}{15}$	$\begin{bmatrix} 2 \\ 2 \end{bmatrix}$	•••	•••	$\begin{array}{c c} 12 \\ 2 \end{array}$	$\begin{bmatrix} 1 \\ 2 \end{bmatrix}$	•••	$\begin{array}{c} 20 \\ 18 \end{array}$
Woollahra	43,950	•••	•••	21	• • •	8	• • • •	1	•••	8	$\frac{2}{4}$	•••	•••	7		1	16
		!		ļ)//		 					l				
Johnamatta and I					LATRA	VIETI	KOPOLI	TAN IV.	IUNICI	raliti.	LS.			1			
Canley Vale	8,210	•••	•••	$_2$		17	• • •			3	•••	•••		$_2$	•••		3
Tairfield	11,710	•••		$\frac{2}{2}$	•••	10	• • •	•••		3	$\frac{\cdots}{2}$	•••		ĩ	•••	•••	4
Holroyd	9,280	•••	•••		•••	•••	•••	•••	•••	•••	•••	•••	•••	•••	•••	•••	3
ngleburnLiverpool	2,230 7,900	ï	•••	$\begin{bmatrix} 7 \\ 5 \end{bmatrix}$	•••	 11	 1	•••	•••	$egin{array}{c} 4 \ 4 \end{array}$	•••	• • •	•••	2	•••	•••	4
21401 p001	1,000	1	*** {	0	***	11	1	•••	•••	1	•••	•••	•••	-	***	•••	T
	00.000				MET		_	HIRES	AND]			ON.		0			10
Hornsby Warringah	28,330 21,000	•••	•••	$\begin{bmatrix} 32 \\ 4 \end{bmatrix}$	•••	$egin{bmatrix} 4 \ 7 \end{bmatrix}$	$\left \begin{array}{cc} 1\\1 \end{array}\right $	•••	•••	5 7	1 1	•••	•••	$\frac{2}{}$	1	•••	18 3
Harbour of Port	21,000	•••	•••	Ŧ	•••		1	•••	• • • •	•	•	•••	•••	***	-	***	
Jackson	•••		• • •	•••	•••	• • • •	•••	•••		•••	•••	•••					•••
Total	1,440,430	12	3	847	4	708	${42}$	$\frac{}{23}$		502	77	$\frac{}{2}$	1	${200}$	21	4	649
	_,,		0	J - 1	-	1							_			-	010

 Typhus Fever—Canterbury (M)
 ...
 ...
 1

 Enfield (M)
 ...
 ...
 ...
 1

 Kogarah (M)
 ...
 ...
 ...
 1

 Randwick (M)
 ...
 ...
 ...
 1

Table II.—Showing the number of notified cases of, and deaths from, Cerebro-spinal Fever (Meningococcal Meningitis), Diphtheria or Membranous Croup, Encephalitis Lethargica, Infantile Paralysis (Acute Anterior Poliomyelitis), Scarlet Fever, Typhoid Fever (including Paratyphoid), and Puerperal Infection in the Hunter River Combined District for the year ended 31st December, 1942.

Municipality or Shire.	Estimated Mean Population.	Typhoi Paraty		Scarl Feve		Diphth	ieria.	Infan Paraly		Ceret spin Menin	al	Enceph Lethar		Puerr Infec		Pucrperal Thrombo- phlebitis,* Embolism and Sudden Death.	Pulmonary Tuber- culosis.
		С.	D.	C.	D.	С.	D.	C.	D.	с.	D.	С.	D.	C.	D.	D.	D.
						1	Munic	IPALIY!	res								
Q 1 37 11 1	100.010		,					II AMII.	.110.	22.	0	•,		~		2	
Greater Newcastle	126,810	$\begin{vmatrix} 6 \end{vmatrix}$	1	$\frac{52}{c}$	•••	$\begin{vmatrix} 91 \\ 7 \end{vmatrix}$	5	•••	•••	$\frac{22}{1}$	3	•••	•••	5	I	$\frac{2}{2}$	35
Cessnock	13,86)	•••	•••	6	•••	7	•••	•••	•••	1	•••	•••	•••	1	•••	•••	5
Maitland, East	4,480	•••	•••	1	•••	10	•••	•••	•••	3		•••	•••		•••	•••	
Maitland, West	7,930		•••	1 1	• • •	10	•••	•••	•••	0	2	•••	• • •	4	•••	•••	2
Morpeth	1,030		• • • •		•••	3	•••	•••	• • •	$\frac{\cdots}{2}$	• • •	•••	•••	•••	•••	•••	
Singleton	4,100	•••	•••	4	•••	3	•••	•••	•••	2	• • •	•••	•••	•••	•••	•••	1
							S	HIRES.									
Bolwarra	3,990	1		1	•••	1		1			•••	1				l	1
Kearsley	28,260			6	•••	15	1			10	1	•••			1	•••	6 8
Lake Macquarie	36,380			22		39				4	•••	1	•••	1		1	8
Port Stephens	5,180			5		1			•••	1	•••		•••	1	1		
Tarro	6,300		•••	•••	•••	4	•••	•••	•••	2	•••		•••	•••	***	•••	2
	238,320	7	1	97		171	6			45	6	${2}$	•••	12	3	3	60

Table III.—Showing the number of notified cases of, and deaths from, Cerebro-spinal Fever (Meningococcal Meningitis), Diphtheria or Membranous Croup, Encephalitis Lethargica, Infantile Paralysis (Acute Anterior Poliomyelitis), Scarlet Fever, Typhoid (including Paratyphoid) and Puerperal Infection in the Remainder of State for the year ended 31st December, 1942.

Municipality.	Estimated Mean Population.	Typhoi Paraty	d and phoid.	Scar Fev		Diphtl	neria.	Infar Paral		Cerel spir Menin	nal	Encepl Letha		Puer Infec		Puerperal Thrombo- phlebitis, Embolism and Sudden Death.	Pulmonary Tuber- culosis.
		C.	D.	c.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	D.	D.
						ъr											
							UNICIP	ALITIE	S.								
Albury	12,970			7		$\begin{vmatrix} 2 \\ 12 \end{vmatrix}$	• • • •		•••	$\begin{vmatrix} 3 \\ 2 \end{vmatrix}$	•••		•••	•••	•••	•••	6
Armidale			•••	13		13	•••	1	•••	2	•••	•••	•••	•••	•••	•••	1
Ballina	2,740	•••	•••	11	1	1	•••	•••	•••	1	•••	•••	•••	•••	•••	•••	1
Balranald	1,210	•••	•••	3	•••	5	•••	•••	•••	•••	•••	•••	•••	• • •	•••	•••	1
Barraba		***	•••	11	•••	5	i	•••	•••	5	ï	•••	•••	•••	•••	***	3
Bathurst		•••	•••	1	•••	1	_	•••	•••	1		•••	•••	•••	•••	• • •	
Bega Berry	1		•••	i	•••	•••		•••	•••			***	•••	•••	•••	• • •	***
Bingara				4		i			•••	i		•••	•••	• • •			
Blackheath				$\bar{1}$						ī			•••	2	•••		1
Bombala			1	1					•••		•••		•••	•••	•••	•••	
Bourke	. 1,990	1				1											•••
Bowral	. 3,370			5					•••	1	•••			•••	1	•••	1
Brewarrina				9		1	•••	•••			•••		•••	•••		•••	•••
Broken Hill		1	•••	9		27	•••	•••	•••	23	2	•••	•••	1	2		14
Broughton Vale		•••	•••				• • • •	•••	•••			•••	•••	•••	•••	•••	•••
Burrowa		•••	•••	1				•••	•••	$\frac{2}{1}$	1	•••	•••	•••	•••	•••	***
Camden		•••	•••	1	•••	3 3	1	***	•••	1 1		•••	•••	$\frac{\cdots}{2}$	•••	•••	
Campbelltown		•••	•••	$\begin{vmatrix} 1 \\ 1 \end{vmatrix}$	i	$\frac{3}{2}$	•••		•••		• • • • • • • • • • • • • • • • • • • •	•••	•••		•••	***	-
Casino Castlereagh		•••	•••	_		1	•••	•••	•••	ï	• • • • • • • • • • • • • • • • • • • •	•••	•••	•••	•••	***	•••
Cobar				•••	•••	4		•••	•••				•••	• • •		1	1
Condobolin													•••	•••			
Cooma				3		1			•••	•••			•••	•••	•••	•••	•••
Coonamble				6		1				2			•••	2	1	•••	
Cootamundra	5,550			1		1			• • •				• • •	•••	•••	•••	
Corowa				1		9				1				•••	•••	• • •	2
Cowra	5,600			$\frac{2}{2}$		2	• • • •		•••	3	1		•••	• • •	•••	•••	,
Deniliquin			•••	2	•••	1			•••				•••	•••	•••	•••	1
Dubbo	9,190	1	•••		•••	5	•••	1	•••	7	1	•••	•••	•••	•••	•••	1
			1	1-	le .		h l										

Table III—continued.

Remainder of State—Return showing the number of cases, etc., from Country Municipalities—continued.

Municipality.	Estimated Mean Population.	1		Scarlet Fever.		Diphtheria.		Infantile Paralysis.		Cerebro- spinal Meningitis.		Eucephalitis Lethargica.		Puerperal Infection.		Puerperal Thrombo- phlebitis, Embolism and Sudden Death.	Pulmonary Tuber- eulosis.
		C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	С.	D.	D.	D.
						<u> </u>			<u> </u>						<u>'</u>		
						Munic	IPALIT:	IESc	ontinu	ed.							
Dungog	2,090			j 1		10	1			1						•••	
Forbes	5,430 900		•••	1	•••		• • • • • • • • • • • • • • • • • • • •	•••	•••	3	•••	•••	•••	•••	•••	•••	1
Gerringong	5,070			•••	• • • •	5	ï	• • • •		7		•••	•••		•••	•••	•••
Gosford	4,080	1	•••	8	•••			;	1	•••	•••	•••	•••		1	•••	1
Goulburn	15,490 7,570		•••	$\frac{20}{9}$		8 15	2 2	1	•••	$\frac{4}{2}$		•••		2	• • •	•••	$egin{array}{c} 6 \ 2 \end{array}$
Grafton, South	2,990	•••	•••	1	•••	4	• • •	•••	•••	•••	•••	•••	•••		•••	1	•••
Grenfell	2,390 4,070	•••	•••	3		7	•••	•••	•••	1	•••	•••		•••	• • • •	•••	
Hay	3,330		•••	8				•••		ì	•••	•••			•••	•••	***
Hillston	$\begin{vmatrix} 1,010 \\ 10,790 \end{vmatrix}$		•••	7	•••	1	•••	•••		 1			•••	•••	•••	•••	
Inverell	6,150	• • •	•••	5	• • •	9	2	•••	• • •			• • •		1	•••	•••	i
Jamberoo Junee	1,120 4,370	•••	•••	$\frac{1}{2}$	• • •	1	1	•••	•••	3	•••	•••	•••	i	•••	•••	•••
Katoomba	9,360		• • •	14	•••	1	•••		•••	1	•••	•••	•••		• • •	•••	13
Kempsey	5,270 2,370		•••	1	•••	$\frac{4}{2}$	•••	•••	•••	$\begin{array}{c c} 3 \\ 1 \end{array}$	•••		•••	1	•••	•••	$\frac{2}{1}$
Kiama Lismore	13,320		•••	32	•••	27	•••	•••	•••	1	• • •	2	•••	• • •		•••	. 3
Lithgow	$\begin{vmatrix} 21,690 \\ 1,720 \end{vmatrix}$	•••	•••	15	•••	4	1	•••	•••	2	1	•••	•••		1	•••	4
Maclean Manilla	1,720			1	•••		•••	• • •	•••	i	• • • •					•••	${2}$
Moama	650	•••	•••		•••	•••	•••	•••	•••		•••		•••	•••		***	
Molong Moree	1,450 4,320	•••	•••	$\begin{vmatrix} 1\\3 \end{vmatrix}$	•••	•••		•••		1	• • •	•••	•••	•••	•••	•••	1
Mudgee	4,090	•••	•••	21	ì	3	•••	•••	•••		•••		•••		•••	•••	1
Mullumbimby Murrumburrah	1,490 2,460	•••	•••	•••	•••	•••	•••	•••	•••	$\begin{array}{c c} \cdots \\ 2 \end{array}$	•••	•••	•••			•••	
Murrurundi	1,090				• • •	2	•••	•••	•••	•••	•••		•••			•••	•••
Murwillumbah Muswellbrook	4,590 3,560		•••	3	•••	i	•••	•••	•••	$\frac{1}{1}$	•••	1	1	$\begin{array}{c c} 1 \\ 1 \end{array}$	•••	•••	•••
Narrabri	3,430		•••	6	•••	6	•••	•••	•••		• • •	•••	• • •				
Narrandera Narromine	4,320 1,930		•••	$egin{array}{cccccccccccccccccccccccccccccccccccc$	•••	4		• • • •	•••	$\frac{3}{1}$	•••	•••	•••			•••	3
Nowra	3,230		•••	•••	•••	ĩ			•••	4						•••	
Nyngan Orange	1,620 11,830	1	•••	•••	•••	15	 1	•••	• • •	10	2	•••		•••	•••	•••	8
Parkes	6,850		•••	5	•••	• • •			•••	3						•••	2
Peak Hill	1,110 4,700	•••	•••	$\begin{vmatrix} 12 \\ 4 \end{vmatrix}$	•••	$\begin{vmatrix} 2 \end{vmatrix}$	•••		•••	···i	•••		•••	 1	•••	•••	•••
Port Macquarie	1,940		•••	1		1	•••		•••	•••					•••	•••	1
Queanbeyan Quirindi	4,540 2,230	•••	•••	4 1	•••	2	•••	1	• • • •	4 1	•••	•••		•••	•••	•••	•••
Richmond	2,640	•••	•••	2	•••	• • •	•••	•••	•••	4	$\stackrel{\cdots}{2}$				•••		1
Scone	$2,250 \\ 2,370$	•••	•••	$\begin{bmatrix} 7\\2 \end{bmatrix}$	•••	${2}$	•••	•••	•••	$\begin{bmatrix} 1 \\ 2 \end{bmatrix}$	•••			•••	•••		•••
Shoalhaven, South	830		•••		•••		•••	•••	•••							•••	•••
St. Mary's	3,390 11,670	•••	•••	14	•••	$\begin{vmatrix} 2\\23 \end{vmatrix}$	₁		•••	 12	i				•••	•••	
Taree	5,240	•••	•••		•••	3		• • •	•••	2			•••		•••	•••	1
Temora Tenterfield	4,250 2.550	•••	•••	$\begin{array}{c c} 2 \\ 1 \end{array}$	•••	1	•••	•••	•••	1 1	•••		•••		•••	•••	•••
Ulladulla	1,600	•••	•••		•••		•••	•••	•••		•••	•••	•••		•••	•••	$\frac{\cdots}{2}$
Ulmarra	1,900	•••	•••	• • •	•••	9	•••	•••	•••		•••	•••	•••	•••		•••	•••
Uralla Wagga Wagga	1,090 14,160	•••	•••	17	•••	4	i	•••	•••	$\begin{array}{c c} 1 \\ 9 \end{array}$	$\frac{1}{2}$	•••	•••	ï	•••	•••	4
Walcha	1,540	•••	•••	2	•••	5	•••	•••	•••	•••	•••	•••	•••		1	•••	•••
Warren Wellington	4,280	•••	•••	4 4	•••	$\frac{2}{1}$	•••	•••	•••	4	i	•••	•••		•••	•••	• • •
Wentworth	1,900		•••	2	•••	2	•••	•••	•••	2	•••	•••		•••	•••	•••	•••
Wilcannia	680 3,460	''i	•••	6	•••			•••	•••	 4	***	•••				•••	1
Wingham	1,810	•••	•••	•••	•••	1		•••	•••	4	•••	•••		•••	•••	•••	
Wollongong Yass	18,400 2,920		ï	$\begin{vmatrix} 9\\12 \end{vmatrix}$	•••	6	•••			$\begin{array}{c c} 9 \\ 1 \end{array}$	•••					•••	, 6
Young	4,260				•••	5	•••	i	•••			•••		•••	•••	•••	•••
Total Municipalities	429,160	6	1	370	3	292	14	5	1	177	19	4	1	17	7	2	118

Typhus Fever—
Murwillumbah (M)

TABLE III—continued.

REMAINDER OF STATE—Return showing the number of cases, etc., from Country Shires.

Shire.	Estimated Mean Population.		Typhoid and Paratyphoid.				Scarlet Fever.		Diphtheria.		Infantilc Paralysis.		Ccrebro- spinal Meningitis.		Encephalitis Lethargica.		peral tion.	Puerperal Thrombo- phlebitis, Embolism and Sudden Death.	Pulinonary Tuber- culois.
		c.	D.	C.	D.	c.	D.	С.	D.	C.	D.	C.	D.	C.	D.	D.	D.		
		1					SHIR	ES.				1							
Abercrombie	4,240			1			•••			1	1	• • •	•••	•••	1	•••	1		
Amaroo	$2,580 \\ 2,000$	•••	•••	•••	•••	ï	•••	•••	•••	•••	•••		• • •	•••	• • •	•••	•••		
Ashford	$3,510 \\ 2,010$		•••	1	•••	•••	•••	•••		•••	• • •	•••	•••	•••	•••	•••	•••		
Baulkham Hills	8,890	•••	•••	5	•••	6		•••		1	•••	•	• • •	• • •	•••	•••	3		
Bellingen Berrigan	5,860 5,140	•••	•••	$rac{1}{2}$	•••	$\begin{bmatrix} 3 \\ 5 \end{bmatrix}$	•••			 1	•••	• • •	• • •	•••	•••	•••	2		
Bibbenluke	2,290			•••		•••		•••	•••	• • •	•••	•••	•••	•••	•••	•••			
Blacktown	15,980 10,780	• • • • • • • • • • • • • • • • • • • •		$\frac{6}{4}$	•••	$\begin{array}{c c} 12 \\ \dots \end{array}$	•••	•••	•••	$\frac{16}{3}$	• • •	• • •	• • •	•••		•••	5 5		
Blaxland	9,420	1	•••	5	•••	$\frac{1}{3}$		•••		$\frac{3}{1}$	1	• • •	•••	•••	•••	•••	$\frac{2}{21}$		
Blue Mountains Bogan	$9,130 \\ 1,790$	•••	•••	8			•••	1	•••		• • •	• • •	• • •	•••	•••	•••			
Boolooroo	3,480 3,190	•••			•••	1	1	•••	•••	 1	• • •	•••	• • •	•••	•••	•••	•••		
Boree	6,490	•••	•••	7	•••	•••	•••	•••	•••	2	1	• • •	•••		•••	•••	2		
Bulli Burrangong	16,320 5,690	•••		5		$\begin{bmatrix} 2 \\ 2 \end{bmatrix}$	•••	 1		$egin{array}{c} 1 \ 2 \end{array}$	 1		• • •	1	•••	•••	8		
Byron	7,290	•••		7	•••	5	i		•••	5		• • •	•••	•••	•••	•••	4		
Cambewarra Canobolas	1,040 $10,110$	•••		 1	•••	6	•••	•••	•••	 5	•••	• • •	• • •	•••	• • •	•••	2 10		
Carrathool	4,690	•••		1	•••	•••	•••	•••	•••	•••	•••	• • •	• • •	•••		•••			
Clyde Cobbora	1,700 4,880	•••	•••	i	•••	•••	1	•••	•••	• • •	• • • •	• • •	•••	•••	•••	•••			
Cockburn	4,870 4,670			1	•••	1 1	1		•••	$\frac{1}{2}$	 1	•••	•••	•••	• • •	•••			
Conargo	1,170	•••		•••	•••		•••	•••				•••	•••		•••		•••		
Coolam	$1,660 \\ 6,620$					3		•••		${2}$	•••	• • •	• • •	•••	•••	•••	1		
Coonabarabran	7,090	1	1	•••	ï	$\begin{bmatrix} 2 \\ 1 \end{bmatrix}$		•••	•••	1	•••	•••	•••	•••		•••	2		
Coreen	$\begin{vmatrix} 3,170 \\ 3,300 \end{vmatrix}$			•••	•••	1 		•••	•••	3	•••	•••	•••	•••	•••	•••			
Crookwell	6,160		•••	•••	•••		•••		•••	3	•••	• • •	•••	•••	• • •	•••	* * *		
Cudgegong Culcairn	5,070 5,450	•••	•••	$\begin{array}{c c} 3 \\ 6 \end{array}$	•••	$\begin{array}{c} 2 \\ \dots \end{array}$	•••				•••	• • •	• • •	•••	•••	•••	•••		
Demondrille	3,090 11,900	•••		2	•••	13	•••		•••	${2}$	•••	 1	•••	•••		•••	•••		
Dorrigo Dumaresq	4,090	•••	•••	4		5	•••		•••	l	•••		•••						
Erina Eurobodalla	14,370 4,590	•••	•••	$\begin{array}{c c} 2 \\ \dots \end{array}$	•••	$\begin{bmatrix} 3 \\ 4 \end{bmatrix}$	 1	1	•••	$egin{array}{c} 1 \ 2 \end{array}$	$\frac{1}{3}$	• • •	•••	$\begin{array}{c} 2 \\ \dots \end{array}$	•••	1	2		
Gilgandra	5,260		•••	13		$\begin{bmatrix} 2\\10 \end{bmatrix}$	${2}$	•••	•••	 1			•••	•••	•••	•••	• • •		
Gloucester	4,310 6,160	1		$\begin{array}{ c c c c }\hline 5\\ 3\\ \end{array}$		3		•••	•••		•••	•••	• • •	2	•••	•••	•••		
Goodrabigbee Gostwyck	3,400 3,920	•••	•••	··· 2	•••	2	•••	•••	•••	1	1	•••		•••	•••	1	1		
Gulgong	3,890	•••	•••			1	•	•••	•••			•••	•••	•••	•••	•••			
Gundagai Gundurimba	5,040 4,240			3	•••	$\frac{1}{14}$		•••	•••	1	1	•••	•••	1	•••	•••	•••		
Gunning	3,420				,	 1	 1	•••	•••	•••		•••	•••			•••	•••		
Guyra Gwydir	1,800		•••	$\begin{vmatrix} 8\\1 \end{vmatrix}$				•••	•••	1			•••						
Harwood Hastings	4,480			$\frac{3}{1}$		$\frac{2}{2}$	•••	•••		$\begin{vmatrix} 1 \\ 2 \end{vmatrix}$	1					•••			
Holbrook	2,320			2			•••	1		2	•••		•••			•••	1		
HumeIllabo	4,950 2,410	•••		2		2	•••	•••		$\begin{vmatrix} 2\\1 \end{vmatrix}$	•••		•••			•••	•••		
Illawarra, Central	14,330			11		5			•••	6	1 1	1			1	•••	4		
Imlay Jemalong	4,500	•••	•••	1		i	•••		•••			•••	•••	•••	•••		1		
Jerilderie Jindalee	1,510		•••	2		1	•••			1 1	•••	•••	•••	•••	•••	•••	•••		
Kyeamba	4,790			2		1				5	•••	•••		ï	•••	•••			
Kyogle Lachlan	. 13,060 6,330			$\begin{vmatrix} 5\\1 \end{vmatrix}$		11 2	•••	•••	•••	1	•••					•••	1		
Liverpool Plains	. 5,290			1	•••	3		•••		$\begin{vmatrix} 2\\3 \end{vmatrix}$				•••		•••	1		
Lockhart Lyndhurst	. 6,770			3	•••	1				4						•••	2		
Macintyre Macleay	. 4,920			1		$\begin{vmatrix} 3 \\ 1 \end{vmatrix}$					•••			1	2	•••	2		
Macquarie	. 4,590			i	•••						•••			•••		•••	2		
Mandowa Manning	10000		1			1	•••			4	•••		•••	•••		•••	1		
Marthaguy	. 1,990		•••	2		1	1	•••	•••				•••	•••		•••	1		
Merriwa Mitchell	0,000			•••	•••	$\begin{vmatrix} 6\\2 \end{vmatrix}$	1	•••	•••	2			•••			•••	***		
Monaro	. 2,580)		3		3	•••	•••		2		1	1	•••		•••	2		
Mumbulla	. 4,290)					•••	•••			•••	-				•••	1		
Murray Murrumbidgee	0.40			2		6				1		1		•••	ł	•••	1		
Murrungal	. 2,400		1			1		1					1	1	1				
Muswellbrook Nambucca					1	$\begin{vmatrix} 2\\1 \end{vmatrix}$				1		1	1	i		1	<u></u>		
*97811—4	1,010				-														

Table III—continued.

REMAINDER OF STATE—Return showing the number of cases, etc., from Country Shires—continued.

Shire.	Estimated Mean Population.	Typho	oid and yphoid.	Sca	rlet ver.		theria.	Infa	intile	Cer	rebro- pinal ingitis.	Ence	phalitis argica.	Pue	rperal ction.	Puerperal Thrombo- phlebitis, Embolism and Sudden Death.	Pulmonary Tuber- culosis.
		C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	D.	D.
						;	SHIRES	cont	inued.			-	··		·		
Namoi	9,580	1		17		22	2			5	1				-		1
Narraburra	4,010					• • • • • • • • • • • • • • • • • • • •						• • •			•••	•••	1
Nattai Nepean	5,550 3,810	•••		2	•••	4	1			2	•••	•••				•••	
Nundle	. 1,810			ī		1	1			$ $ $\overline{1}$							1
Nymboida Oberon	$\begin{array}{c c} 2,410 \\ 2,830 \end{array}$			2		2				3	''i	•••					•••
Orara	. 1,400					1										•••	
Patrick Plains Peel		:::		$\begin{vmatrix} 1 \\ 3 \end{vmatrix}$		2	1			$\begin{vmatrix} 1 \\ 4 \end{vmatrix}$	3		1			1	
Rylstone	5,080			2		1					•••		•••		•••	• • •	2
Severn Snowy River	6,190 3,370		•••	2		7				$\begin{vmatrix} 1 \\ 3 \end{vmatrix}$	•••	• • • •		•••		•••	1
Stroud	6,100			14	•••	4	•••			10	•••			2		•••	5
Sutherland Talbragar	3,760			14	•••	$\begin{vmatrix} 10 \\ 2 \end{vmatrix}$		1		$\begin{vmatrix} 10 \\ 1 \end{vmatrix}$	•••					•••	
Tallaganda	2,980	•••		1	• • • •	1			•••	$\begin{vmatrix} 1\\2 \end{vmatrix}$	•••	•••		•••	•••	***	
Tenterfield	5,290	•••	•••	1	•••	• • • •			•••		•••	•••	•••	•••	•••	•••	
Terania Timbrebongie	7,250 4,160			12		14					•••	•••	•••	•••	•••	•••	2
Tintenbar	5,120	•••		5		3				1		•••	•••	•••	•••	•••	
Tomki Tumbarumba	3,950 3,220	•••		$\begin{vmatrix} 1\\14 \end{vmatrix}$	•••	1	1				1		•••	•••		•••	
Tumut	8,590	•••	•••	3		1		•••		1		•••	•••	•••	•••	•••	4
Turon Tweed	4,470 12,700		•••	2	•••	1 7		•••		$\begin{vmatrix} 1\\2 \end{vmatrix}$	$\begin{vmatrix} 1 \\ 1 \end{vmatrix}$	1	•••	3	•••		1
Upper Hunter	4,860	•••		3	ï		•••	•••					•••		•••	•••	i
Urana Wade	$\begin{vmatrix} 2,950 \\ 10,610 \end{vmatrix}$	•••	• • • •	5		$\begin{vmatrix} 1 \\ 5 \end{vmatrix}$			•••		•••	•••	•••	•••	•••	•••	4
Wakool	3,970	•••	•••	1	•••	1	•••	•••	•••	•••	• • •	•••	•••	•••	•••	•••	•••
Walgett	3,850 4,400	•••			•••	$\begin{vmatrix} 1 \\ 4 \end{vmatrix}$		•••		1	•••		•••	•••	•••	•••	
Waradgery	1,150	•••	•••		•••		•••						•••	•••	•••	•••	•••
Warrah	1,800 4,880	•••	•••	•••	•••	$\begin{vmatrix} 1 \\ 1 \end{vmatrix}$	•••	• • • • • • • • • • • • • • • • • • • •	•••	1		•••	•••	•••		•••	•••
Weddin	3,810	•••		2	•••	•••	•••	•••			•••	•••	•••	•••		•••	•••
Willimbong Windouran	8,800 810	•••		6	•••	$\frac{2}{2}$			•••	1	•••	•••	•••	•••	•••	•••	***
Wingadee	3,430	•••		2				•••	•••	•••		•••	•••	•••			1
Wingecarribee Wollondilly	7,900 6,990	•••	•••	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	•••			•••	•••	•••	•••	•••	•••	•••	•••	•••	 4
Woodburn Woy Woy	5,070 3,370	•••	•••	1	•••	4		•••	•••	$\begin{vmatrix} 2\\1 \end{vmatrix}$		•••	•••	··· 1		•••	
Yallaroi	4,160	•••	•••	1	•••	1		•••	•••		•••	• • •			• • •	•••	
Yanko Yarrowlumla	4,560 3,120	•••	•••	• • • •	•••	 1	•••	•••	•••	 1	•••	•••		•••	•••	•••	•••
																•••	•••
Total Shires	687,350	4	1	261	2	281	17	6	•••	155	22	4	1	15	4	4	131
			WES	STERN	Divis	ion (I	Iningo	RPOR.	тво)	Ротле	e Dist	RICTS.	*				
Balranald	•••			[]				•••
Bourke				•••	•••	•••		•••	•••	•••		•••		•••	•••		•••
Broken Hill	•••	•••	•••	•••	•••	•••	•••	•••	•••	•••	•••	•••		•••	•••		•••
Cobar Hay	•••			•••	•••	•••			•••	•••							•••
Hillston	•••		•••	•••	•••	•••	•••		•••	•••				•••		•••	•••
Ivanhoe	•••	$\frac{\cdots}{2}$			•••	•••	•••	•••		•••							•••
Mitchell	•••		•••		•••	•••	•••		•••	•••	•••			•••	•••		•••
Nyngan	•••				•••			•••	•••	•••	•••			•••		•••	•••
Wentworth	•••		•••		•••				•••	•••	•••						•••
Wilcannia	•••				•••			•••									•••
Total Unincorporated	16,250	$_2$	1	1							1				1		
Offineor poraceur	10,200	4	•••	••• 1	••• 1	••• 1	, 1	••• 1	•••	•••	1)	•••]	1	1	1 1	•••	•••
	1~1 /		1				Miscei					1					
Lord Howe Island			• • •	• • •			•••			•••				•••		•••	•••
Lord Howe Island Migratory	$\begin{bmatrix} 151 \\ 2,608 \end{bmatrix}$		•••	***													
Migratory Outside the State	2,608	•••	•••		•••	•••	•••	•••	•••	•••						***	•••
Migratory Outside the State A.C.T. Queensland	2,608	•••	•••	- 1		•••	•••	•••	•••	•••				•••	•••	•••	•••
Migratory Outside the State A.C.T Queensland Victoria	2,608	•••	•••	•••	•••	•••		•••	•••	•••	•••	•••				•••	•••
Migratory Outside the State A.C.T Queensland Victoria South Australia	2,608		•••	•••	•••	•••	•••	•••	•••		•••			•••	•••		
Migratory Outside the State A.C.T Queensland Victoria	2,608 2,759	•••		•••	•••	•••		•••	•••	•••	•••	•••				•••	•••

 Typhus Fever—

 Kyogle (S)
 ...
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 Tweed (S)
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Table IV.—Table showing Age and Sex Incidence, and Mortality, in the Metropolitan Combined District, Hunter River Combined District, Broken Hill District and Remainder of State, from the notified cases of Cerebro-spinal Fever (Meningococcal Meningitis), Diphtheria and Membranous Croup, Infantile Paralysis (Acute Anterior Poliomyelitis), Encephalitis Lethargica, Scarlet Fever, Typhoid Fever (including Paratyphoid) and Puerperal Infection, for the year ended 31st December, 1942.

				<i>J</i> 000				Dece																
	Typhoid and Paratyphoid. Incidence. Mortality. Incidence.														Dipht	he r ia.				Infa	ntile Pa	ralysis	3.	
	1:	ncide	nce.	N	forta	lity.		Inciden	ce.	N	Iortal	ity.	I	ncide	nce.	М	ortal	ity.	I	ncide	ncc.	М	ortalit	y.
Age Period.]	Notifi Case			Notifi Deat			Notifie Cases			Notifi Deatl			Notifi Case			Notifi Deatl			Notifi Case			Notified Deaths	
	М.	F.	Total.	M.	F.	Total.	М.	F.	Total.	М.	F.	Total.	М.	F.	Total.	М.	F.	Total.	М.	F.	Total.	м.	F.	Total.
								M	ETROPO:	LITAN	г Сом	BINED	DISTI	RICT.										
All ages	9	3	12	3	<u> </u>	3	354	493	847	2	$-\frac{2}{-}$	4	329	379	708	19	23	42	12	11	23		•••	
Under 1 year 1- 4 years 5-14 ,, 15-24 ,, 25-34 ,, 35-44 ,, 45-54 ,, 65 and over Not stated	1	 2 1 	 1 7 2 1 	 1 2 			1 85 142 70 35 12 5 1	 77 243 63 60 32 9 6	1 162 385 133 95 44 14 7 	1 1 	1 1 	 1 2 1 	159 128 20 12 4 2	10 134 159 45 16 9 2 2 1	14 293 287 65 28 13 2 2 1	1 10 8 1 	1 13 7 1 	2 23 15 1 1 	2 5 4 1 	3 7 1 	5 12 5 1 			
					L	,	, ,	Ητ	INTER I	River	с Сом	IBINED	Disti	RICT.							,		,	
All ages	5	2	7	1			44	53	97				88	83	171	$\frac{2}{}$	4							•••
Under 1 year 1- 4 years 5-14 ,, 15-24 ,, 25-34 ,, 35-44 ,, 45-54 ,, 65 and over Not stated	 1 3 1 	 1 1 	 1 1 1 3 1 	 1 		 1 	18 20 3 2 1	1 11 29 5 6 	1 29 49 8 6 2 1 				4 38 36 7 2 1 	2 28 30 13 7 2 1	6 66 66 20 9 3 	··· 2	4	6						
										KEN	HILL	DISTRI												
All ages		1					$\left \begin{array}{c} 2 \\ - \end{array} \right $		9				9	18										•••
Under 1 year 1- 4 years 5-14 ,, 25-34 ,, 35-44 ,, 45-54 ,, 55-64 ,, 65 and over Not stated		1 	 1 				2	 6 1 	 6 1 2 				4 4 1 	1 4 12 1 	1 8 16 2 									
												OF STAT		laom I		10.1	10	01.4			11 .	1.		1
All ages	9	$\frac{2}{-}$				$\left - \frac{2}{} \right $	$\left \frac{242}{2}\right $	381	623	3	$\left \begin{array}{c} 2 \\ - \end{array} \right $		261		548	19	$\frac{12}{-}$	$-\frac{31}{}$	8	3				
Under 1 year 1- 4 years 5-14 ,, 25-24 ,, 25-34 ,, 35-44 ,, 55-64 ,, 65 and over Not stated	1 4 2 1 1 	··· ··· ··· ··· ··· ··· ···	 1 4 3 1 2 	 1 	···· ··· ··· ··· ··· ··· ··· ··· ··· ·	 1 	2 67 125 24 9 8 3 1 3	4 72 218 35 28 14 4 3 	6 139 343 59 37 22 7 3 1 6	1 1 1	2 	 3 1 	5 123 98 17 8 6 1 3	5 89 104 40 32 11 2 	10 212 202 57 40 17 2 1 1 6	10 9	8 3 1 	18 12 1 	2 4 1 1 		2 5 2 1 1 	··· ··· ··· ··· ··· ··· ··· ··· ··· ··		::: ::: ::: ::: 1

Table IV.—Table showing Age and Sex Incidence, and Mortality, in the Metropolitan Combined District, Hunter River Combined District, Broken Hill District, and Remainder of State, from the notified cases of Cerebro-spinal Fever (Meningococcal Meningitis), Diphtheria and Membranous Croup, Infantile Paralysis (Acute Anterior Poliomyelitis), Encephalitis Lethargica, Scarlet Fever, Typhoid Fever (including Paratyphoid) and Puerperal Infection, for the year ended 31st December, 1942—continued.

		Enee	phalitis	Lethar	giea.			Cereb	ro-spina	l Menin	gitis.		Puerperal	Infection.	Puerperal Thrombo- phlebitis,	T	Pulmo ubere	nary ulosis.
	I:	neidenc	e.	7	lortalit;	у.	Ir	ncidene	e.	N.	fortality	y •	Incidence.	Mortality.	Embolism and Sudden Death.			
Age Period.]	Notified Cases.			Notified Deaths]	Notified Cases.			Notified Deaths.		Cases.	Deaths.	Deaths.		Deat	ths.
	M.	F.	Total.	M.	F.	Total.	м.	F.	Total.	M.	F.	Total.	F.	F.	F.	М.	F.	Total.
									N COMB									
All ages	1	1	2		1		307	195	$\frac{502}{}$	49	28	77	200	21	4	427	222	649
Under 1 year 1- 4 years 5-14 ,, 15-24 ,, 25-34 ,, 35-44 ,, 45-54 ,, 65 and over Not stated	 	1 			1 	 1	28 44 51 75 35 36 18 15 4	20 32 34 37 30 17 11 7 6	48 76 85 112 65 53 29 22 10	10 9 5 5 1 6 4 	4 3 4 4 4 3 4 2	14 12 9 9 8 5 4 10 6	 77 98 24 	1 16 4 	 1 1 2 	1 20 38 71 115 114 68	35 59 41 36 27 23	1 1 55 97 112 151 141 91
433	•								ER COMP				10	. 6	1 0	0.0	2.4	
All ages		1	2				30	$\frac{15}{2}$	$\begin{vmatrix} 45 \\ \\ 2 \end{vmatrix}$	4	2	$\left - \frac{6}{2} \right $	12	3	$-\frac{3}{2}$	$\begin{vmatrix} 39 \end{vmatrix}$	$\frac{21}{}$	60
Under 1 year 1- 4 years 5-14 , 25-34 ,, 35-44 ,, 45-54 ,, 55-64 ,, 65 and over Not stated		1 					1 5 11 5 4 1 1 1	2 1 7 4 1 BROKE	3 2 12 11 9 4 2 1 1 	1	1 1	2 1 1 1 1	5 5 2 	 2 1 	 1 1 1 	1 1 1 2 12 11 8 4	5 6 2 4 4 	 1 6 8 14 15 12 4
All ages							14	9	23	1	1	2 1	1 1	1 1		11	3	14
Under 1 year 1- 4 years 5-14 ,, 15-24 ,, 25-34 ,, 35-44 ,, 45-54 ,, 65 and over Not stated							5 6 1 1 1 	3 5 1 	8 11 1 1 1 1 	₁		2 	1 	 1 		 1 2 1 4 3 	1 2	 1 1 2 1 6 3
All ages	7	1	} 8	2	1	1 2	214	REMAI 95	NDER O	F STAT	E.	1 40 1	1 31	11		11150	1.09	1 025
Under 1 year 1- 4 years 5-14 ,, 15-24 ,, 25-34 ,, 35-44 ,, 45-54 ,, 65 and over Not stated	1 2 2 2	1 1 	1 2 3 2	2 2 		 	7 29 58 58 23 20 7 7 1 4	95 4 12 31 17 18 5 4 1 3	11 41 89 75 41 25 7 11 2	 8 6 4 5 2 1 4 	3 2 1 2 1 	3 10 7 6 6 2 1 5 	1 10 16 2 2	11	6 2 1 3 	152 	10 29 18 5 7 14	235 19 47 40 43 44 42

Table V.—Showing the seasonal prevalence of Cerebro-spinal Fever, (Meningococcal Meningitis), Diphtheria, and Membranous Croup, Infantile Paralysis (Acute Anterior Poliomyelitis), Encephalitis Lethargica, Scarlet Fever, Typhoid Fever (including Paratyphoid) and Puerperal Infection in New South Wales for the year ended 31st December, 1942.

Fever	(merue	inig 1	araty	рпою	i) and	. Fuei	perar	Intec	tion i	n New	Sout	h Wa	les for	r the	year e	ended	31st .	Decer	nber,	1942.
Month-	Metroj Comb Distr	oined	Com	er River bined ricts.	E	oken Till strict.	1	ainder of atc.	Т	otal.	Com	politan bined tricts.	Com	r River bined ricts.	Bro H Dist			inder f ate.	То	tal.
	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	С.	D.	C.	D.	С.	D.	С.	D.
	1		Tv	l phoid	and P	aratvi	hoid	Fever			1			Soon	let Fe			1		
January	2		1						4.	I	50		4	Scar	iet re 	ver.	46		100	
February March	$\frac{2}{3}$	1	1		 1	* * *	2 1	1	4 6	1 1	$\frac{45}{36}$	•••	3	• • •	•••	• • •	38 39	1	86 86	1
April	3		2	1	• • •		1	1	6	2	60	1	9	• • •	3	•••	63		135	
May June		1	•••	•••		•••	3	•••	3	1	44 43	1	5 9	***	2	• • •	53 58	1	104 110	$\begin{vmatrix} 2 \\ \cdots \end{vmatrix}$
July August	•••	1	1		•••		•••		1	1	70 78	1	$\frac{7}{10}$	•••	1		$\begin{array}{c} 60 \\ 45 \end{array}$	 1	138 133	1 1
September October	1 1				•••			• • •	1 1		112 99	1	8 6	•••		•••	41	•••	161 143	1
November		•••	1	•••		•••	3	•••	4		109	•••	11	•••	2	•••	36 66	2	186	
December			1				•••		1		101	•••	14		1	•••	78		194	
Total	12	3	7	1	1	1	11	2	31	6	847	4	97		9		623	5	1,576	9
January	61	4	13	1	Diphtl		50	1	124	6 [ß	1	1	afantile			9		. 0	
February	38	3	9		•••	•••	17	$\begin{bmatrix} 1\\2 \end{bmatrix}$	64	5	$\frac{6}{3}$	•••	•••	•••	• • •	• • •	$\begin{bmatrix} 2\\1 \end{bmatrix}$	• • •	8 4	• • •
March	$\begin{array}{ c c }\hline 37\\ 67\\ \end{array}$	$\frac{1}{5}$	14 10	• • •	$\frac{1}{2}$	• • •	33 40	3	$\begin{array}{c} 84 \\ 119 \end{array}$	$\begin{bmatrix} 1\\8 \end{bmatrix}$	• • • •			•••	•••	• • •	$\begin{bmatrix} 1 \\ 2 \end{bmatrix}$	•••	$egin{array}{c} 1 \\ 2 \end{array}$	• • •
May June	91 83	$\begin{vmatrix} 1 \\ 7 \end{vmatrix}$	10 15	2	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	•••	54 43	4 5	161 148	$\begin{array}{c c} 7 \\ 12 \end{array}$	•••	•••	• • •	• • •	•••	•••	•••	•••	•••	• • •
July	56	5	$\begin{array}{ c c }\hline 13\\12\\ \end{array}$	1	$\frac{1}{2}$	•••	32	1	103	7	2		* * *	•••	• • •	• • •	1	•••	3	•••
August September	56 54	$\frac{3}{2}$	23	•••	2	•••	41 45	$\begin{bmatrix} 2 \\ 3 \end{bmatrix}$	$\frac{111}{122}$	5 5	$\frac{3}{1}$					• • •	$\begin{bmatrix} 2 \\ 1 \end{bmatrix}$	1	$\begin{bmatrix} 6 \\ 2 \end{bmatrix}$	1
October November	57 45	5 5	$\begin{array}{c c} 14 \\ 12 \end{array}$	$\begin{bmatrix} & \dots \\ & 2 \end{bmatrix}$	$\frac{1}{1}$	•••	44 61	$\begin{bmatrix} 4 \\ 2 \end{bmatrix}$	$\frac{116}{119}$	$\begin{array}{c c} 9 \\ 9 \end{array}$	2 4	•••		•••	•••			•••	$\begin{bmatrix} 2 \\ 4 \end{bmatrix}$	•••
December	63	1	26	• • •	6	•••	88	4	183	5	$\overline{2}$		•••	•••			1	•••	$\hat{2}$	•••
Total	708	42	171	6	27	•••	548	31	1,454	79	23		•••				11	1	34	1
				Cerebi		al Mei							Er	ncepha	litis L	etharg			2	
January February	$\begin{array}{c} 38 \\ 26 \end{array}$	$\begin{bmatrix} 6\\2 \end{bmatrix}$	 1	•••	11	1	$\begin{bmatrix} 10 \\ 5 \end{bmatrix}$	$\frac{2}{1}$	$\begin{bmatrix} 59 \\ 32 \end{bmatrix}$	$\begin{bmatrix} 9\\3 \end{bmatrix}$	•••	•••	• • •	• • •	•••		$\begin{bmatrix} 2\\1 \end{bmatrix}$	1	$\begin{bmatrix} 2\\1 \end{bmatrix}$	1
March	$\begin{array}{c} 19 \\ 25 \end{array}$	$\frac{6}{1}$	$\begin{bmatrix} 6 \\ 4 \end{bmatrix}$	•••	1	•••	8	$\begin{bmatrix} 2\\2 \end{bmatrix}$	$\begin{array}{c} 34 \\ 39 \end{array}$	$\frac{8}{3}$	• • •	• • •	1	•••	•••	•••	1	1	1 1	1
May	15	4	1			•••	15		31	4		•••	• • •	•••	•••	•••		***		• • •
June July	45 78	11 11	8 4	3	$\begin{bmatrix} 4 \\ 2 \end{bmatrix}$	 1	$\begin{bmatrix} 27 \\ 29 \end{bmatrix}$	$\begin{bmatrix} 4 \\ 7 \end{bmatrix}$	84 113	18 19	I	$\begin{vmatrix} 1 \\ \end{vmatrix}$	• • •	• • •	•••		1		1 1	1
August September	87 70	$\begin{array}{c c} 15 \\ 3 \end{array}$	4 8	$\begin{bmatrix} 1 \\ 2 \end{bmatrix}$	2	•••	59 65	4 8	$\begin{array}{c c} 152 \\ 143 \end{array}$	$\begin{bmatrix} 20 \\ 13 \end{bmatrix}$	 1		• • •		•••	•••	1	• • •	1 1	•••
October November	49 31	$\frac{4}{9}$	3 3	•••	2	•••	$\begin{bmatrix} 37 \\ 29 \end{bmatrix}$	5 3	89 65	$\begin{array}{c c} 9 \\ 12 \end{array}$	• • •	• • •	 1		• • •	•••		•••	1	•••
December	19	5	$\begin{bmatrix} 3 \\ 3 \end{bmatrix}$	•••	ī	•••	$\begin{vmatrix} 25 \\ 15 \end{vmatrix}$	$\begin{bmatrix} 3\\2 \end{bmatrix}$	38	7	•••	•••		•••	•••		2	•••	$\frac{1}{2}$	•••
Total	502	77	45	6	23	2	309	40	879	125	2	1	2				8	2	12	3
	Pue	erperal	Thron	nboph	lebitis,	Embo	olism a	nd Suc	lden I	eath.				Puerpe	ral In	fection	١.			
January February	•••	1	•••	1				1	•••	3	16 11	3	2	ï			$\begin{bmatrix} 2 \\ 3 \end{bmatrix}$	•••	$\begin{bmatrix} 20 \\ 14 \end{bmatrix}$	3 1
March	•••	•••	•••	1	•••	•••	•••	1	•••	2	15	3	1					2	16	5
April	•••				•••	•••	•••	1	•••	1 1	8	1	$\begin{bmatrix} 2 \\ 1 \end{bmatrix}$	ï	1	1	$\begin{vmatrix} 3 \\ 1 \end{vmatrix}$	1	14 10	$\frac{2}{2}$
June July	•••	1 1					•••		•••	$\begin{bmatrix} 1\\2 \end{bmatrix}$	$\frac{9}{26}$	$\begin{bmatrix} 2 \\ 2 \end{bmatrix}$	$\begin{bmatrix} 1 \\ 2 \end{bmatrix}$	•••			$\begin{bmatrix} 3 \\ 4 \end{bmatrix}$	1	$\begin{bmatrix} 13 \\ 32 \end{bmatrix}$	$\frac{2}{3}$
August		•••			•••	•••	•••		•••	[$\begin{array}{c} 14 \\ 12 \end{array}$	$\begin{bmatrix} \overline{3} \\ 2 \end{bmatrix}$		• • •			$\begin{bmatrix} 2 \\ 5 \end{bmatrix}$	$\begin{bmatrix} 1 \\ 3 \end{bmatrix}$	16 18	4 5
September October	•••	···	:	•••	•••		•••		• • •	1	22	$\begin{bmatrix} 2\\4 \end{bmatrix}$	$\begin{bmatrix} 1\\2 \end{bmatrix}$		•••		3	• • •	27	4
November December	•••			•••	•••		•••	1	•••	1 1	$\begin{bmatrix} 23 \\ 36 \end{bmatrix}$	1		ï			$\begin{bmatrix} 4 \\ 1 \end{bmatrix}$	$\begin{bmatrix} 1 \\ 2 \end{bmatrix}$	$\begin{bmatrix} 27 \\ 37 \end{bmatrix}$	$rac{1}{4}$
Total		4		3				6		13	200	$-{21}$	12	3	1	1	31	11	${244}$	36
10001			1		1	,	1		1				1							-

Month	Metropo Combi Distri	ined	Hunter Comb Distr	ined	Brol Hi Dist		Rema o Sta	f	То	tal.
	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.
		Pul	monar	y Tub	erculos	sis.				
January		48		6		1		16		71
February		45		3	•••			9		57
March		53		7	•••	2		22		84
April		49		6			•••	17	• • •	72
May		50		6		1		20		77
June		80	•••	3	• • •	3		23	•••	109
July		55		3	• • •			28	• • •	86
Aurust		59		6	•••	1	• • • •	18		84
September		54		4	• • •	1	• • •	21	• • •	80
October		51	• • • •	8		3	• • •	20	•••	82
November		55		6	• • •	2		25	•••	88
December			•••	2	•••		•••	16		68
Total		649		60	•••	14		235		958

SUMMARY.

District.		bhoid ver.		rlet ver.	Dipht	heria.		ntile lysis.	spi	ebro- nal ingitis.		ohaiitis argica.		perai etion.	Puerperal Thrombo- phlebitis, Emboiism and Sudden Death.	Pulmonary Tuber- cuiosis.
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Deaths.	Deaths.
Metropolitan Combined Sanitary District Hunter River Combined	12	3	847	4	708	42	23		502	77	2	1	200	14	4	649
Hunter River Combined District Broken Hili District Remainder of State—		1	97 9	•••	171 27	6	•••	•••	45 23	$\frac{6}{2}$	2	•••	12 1	1 1		60 14
Municipalities	4	1 1	361 261	3 2	265 281 2	14 17	5 6	1	154 155	17 22	4	1 1	16 15	2 2	$\frac{2}{4}$	104 131
Lord Howe Island				•••				•••	•••		•••		•••		•••	•••
Totai	31	6	1,576	9	1,454	79	34	1	879	125	12	3	244	20	13	958

SECTION I.

A.—COMMUNICABLE DISEASES, 1943.

Notifiable Infectious Diseases Recorded in New South Wales during the year ended 31st December, 1943.

Public Health Acts, 1902-1937.

The Public Health Act, 1902, provides that the Governor may, by proclamation in the Government Gazette, declare that any disease therein named is an infectious disease.

			Cases	and Dea	aths Noti	fied.	
Disease.	Notifiable from—	19	41.	194	42.	19	943.
		Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Typhoid fever (and paratyphoid)		40	8	31	6	24	4
Searlet fever	,,	3,385 3,063	6 121	1,576 1,454	9 79	3,940 2,268	13 99
Bubonie plague	23rd January, 1900		8	34	1	25	2
Epidemie eerebro-spinal fever (meningoeoeeal meningitis).	11th Oetober, 1915	411	84	879	125	400	89
Encephalitis Lethargiea	1st April, 1926	13	4	12	3	8	2
Cholera Typhus fever Yellow fever	,,	10	•••	8	1	16	2
Puerperal infection	16th August, 1929	270	29*	244	36*	224	45*
Undulant fever Leprosy	13th August, 1937	1	•••			$\frac{2}{16}$	1
Total		7,283	260	4,243	260	6,923	258
Population at 31st December		2,802	,014	2,833	,133	2,854	4,862

^{*} See text below.

Public Health Act, 1902.

A total or 6,923 cases of infectious disease was notified under the Public Health Act, 1902, during 1943, or 2,680 more cases than in 1942. The number of cases notified from the 157 municipal, 138 shire, and 14 police districts; the deaths due to these infections; the age and sex of the patients, and the seasonal incidence of the various diseases are shown in appended Tables I-V (pp. 40-47). As indicated below, pulmonary tuberculosis is notifiable under the Public Health (Amendment) Act, 1915, and venereal diseases under the Venereal Diseases Act, 1918.

Typhoid Fever.—The twenty-four eases and four deaths notified in 1943 show the lowest incidence of this infection hitherto recorded. In 1942 there were thirty-one eases and six deaths, being at the time the lowest number recorded.

Scarlet Fever.—There were 3,940 notified eases, and thirteen deaths, an increase of 2,364 eases as compared with 1942, when 1,576 eases and nine deaths were recorded.

Diphtheria.—There were 2,268 notified eases and ninetynine deaths, in comparison with 1,454 cases and seventy-nine deaths in 1942.

Infantile Paralysis.—Twenty-five eases and two deaths were notified. In 1942 there were thirty-four cases and one death.

Puerperal Infection.—Two hundred and twenty-four eases notified, or twenty less than in 1942. The recorded deaths from puerperal septieaemia and post-abortive sepsis in 1943 numbered forty-five, which does not include twenty-five deaths from sepsis elassed as eriminal abortion. Under the revised International List of Causes of Death which came into use in 1940, puerperal thrombophlebitis, embolism and sudden death are included as subdivisions of the "infection" group, but to maintain comparability with previous years such deaths are omitted here and shown separately in the following pages. There were nineteen deaths in this additional group.

Cerebro-spinal Meningitis.—Four hundred cases and eightynine deaths were reported in 1943. In 1942 there were 879 cases and 125 deaths.

Encephalitis Lethargica.—Eight cases and two deaths were notified, compared with twelve eases and three deaths in 1942.

Undulant Fever.—On 13th August, 1937, a proelamation was issued making undulant fever notifiable on and from that date. Two cases and one death were notified in 1943.

Bubonic Plague.—No ease of this disease has been reported sinee June, 1923. Rat-catchers are continuously employed in the vicinity of wharves and in the city area. Plague was not detected in the 2,580 rats examined in the Microbiological Laboratory.

Smallpox.—No ease was reported during 1943.

Leprosy.—Sixteen cases of leprosy were notified in 1943, and one patient under detention in the Lazaret died during the year. For the Report on Leprosy in New South Wales, see page 133.

PUBLIC HEALTH (AMENDMENT) ACT, 1915.

Pulmonary tuberculosis was made a notifiable disease under an amendment of the Publie Health Act in 1915. In 1943 registered eases amounted to 1,722, a decrease of 190 on the registrations received in 1942. There were 890 deaths, or a decrease of sixty-eight compared with the deaths recorded in 1942. A survey by the Director of the Tuberculosis Division is on page 109.

VENEREAL DISEASES ACT, 1918.

Cases of venereal disease notified in 1943 numbered 4,869, a decrease of 1,121 eases on the number (5,990) received in 1941. The Report of the Director of the Division is on pages 80-82.

Table I.—Showing the number of notified cases of, and deaths from, the following diseases:—Cerebro-spinal Fever (Meningococcal Meningitis), Diphtheria and Membranous Croup, Encephalitis Lethargica, Infantile Paralysis (Acute Anterior Poliomyelitis), Scarlet Fever, Typhoid Fever (including Paratyphoid), Pulmonary Tuberculosis, and Puerperal Infection in the Metropolitan Combined Districts for the year ended 31st December, 1943.

Municipality or Shire.	Estimated Mean	Typhoi Paratyj		Scar Feve		Diphtl	neria.		ntile lysis.	Cerel spir Menin	nal		halitis argica.		rperal ction.	Pulm Tubero	onary culosis
	Population.	С.	D.	С.	D.	С.	D.	С.	D.	С.	D.	С.	D.	С.	D.	С.	D.
				Мет	ROPOL	ITAN M	UNICIP	ALITIE	s.								
Sydney, City of				125	1	73	2			$\begin{vmatrix} 17 \\ 3 \end{vmatrix}$	$\frac{3}{1}$		•••	58	4		75
Alexandria Annandale		•••	•••	36	• • •	12		•••	•••	3	$\frac{1}{2}$	•••	•••	$\begin{vmatrix} & 1 \\ & 1 \end{vmatrix}$	•••	•••	$\begin{vmatrix} 2\\6 \end{vmatrix}$
Ashfield				67		30	3			4		l	1	1	1		12
Auburn		•••		45		44	1			2	1	•••	•••				6
Balmain		•••		62		30	1		•••	2		•••	•••	1			18
BankstownBexley		•••	i	53 55	•••	47	3	2	•••	$\begin{bmatrix} 2\\2 \end{bmatrix}$	$\frac{2}{1}$	•••	•••	$\begin{vmatrix} 3\\1 \end{vmatrix}$	1	•••	14
Bexley Botany		•••		16		$\frac{7}{17}$	ï	•••	• • • •	$\begin{bmatrix} 2\\2 \end{bmatrix}$	_	•••	•••	1	•••	•••	2
Burwood		•••	•••	17		13	i			$\frac{1}{2}$	• • •	•••	•••		•••		9
Canterbury		1		166	1	49	6			13	1	1	•••	8	1		26
Concord				42		12				6	2	•••	•••	2	1		
Darlington		•••		8	•••	7				1		•••		2			€
Drummoyne		•••	•••	37	•••	18	1	1	• • • •	3	1	•••	•••	1	1		9
Dundas		•••	•••	18	•••	5	1	•••	•••	3	1	•••	•••		•••	•••	2
Eastwood Enfield		•••	•••	$\begin{array}{ c c }\hline 5\\25\\ \end{array}$	•••	$\frac{2}{16}$	•••	•••	•••	3	•••	•••	•••	3	•••	•••	$\frac{2}{7}$
Ermington and Rydal-		•••	•••	25	•••		***	•••	•••		•••	•••	•••]	•••	•••	
mere Erskineville			•••	16	•••	40	•••	•••	•••				•••	2	•••	•••	$\begin{vmatrix} 1\\2\\ 2\end{vmatrix}$
GlebeGranville		1	•••	56 33	•••	$\begin{array}{c c} & 19 \\ 24 \end{array}$	4	1		$\begin{array}{c c} 7 \\ 2 \end{array}$	$\begin{vmatrix} 3 \\ 1 \end{vmatrix}$	•••	•••	8 1	1	•••	8
Granville Holroyd (Pitt and		1	•••	. 33	•••	24	4	1	•••	4	1	•••		1	•••	•••	5
Merrylands Wards)				33		33	1	1									2
Homebush			•••	3		1				•••					•••	•••	
Hunter's Hill	Not		•••	4		$\overline{2}$				1	•••				•••		:
Hurstville	Available.			56		18	1			4		1		4	1		9
Kogarah			• • • •	50	•••	18	1	1		7	4	1		1			7
Kuring-gai		•••		80	•••	10	1		• • • •	7	2	•••			• • • •		23
Lane Cove		•••	•••	29 85	•••	$\begin{vmatrix} 6\\29 \end{vmatrix}$	•••		•••	2 5	•••	1			• • • •		
Leichhardt Lidcombe		$\frac{\cdots}{2}$	1	16	•••	29	•••	1	•••	$\frac{5}{2}$	2	1	1	3	•••	•••	12
Manly		ī		62		13	•••			6	$\frac{1}{2}$	•••			•••	•••	$\begin{vmatrix} 12 \\ 7 \end{vmatrix}$
Marrickville				60		53	5	i		4				3	1		17
Mascot				38		17				3	1			i			1 8
Mosman				42		5				3	1				1		1
Newtown		•••	• • • •	54		75	2			6	2	•••		2			9
North Sydney		•••	•••	95		22			•••	7	1	•••		$\begin{vmatrix} 2 \end{vmatrix}$		•••	18
Paddington		•••	•••	34	•••	35			•••	2	•••	•••	•••	10	1	•••	22
Parramatta Petersham			•••	$\begin{vmatrix} 9\\34 \end{vmatrix}$	•••	23 16	$\begin{vmatrix} 1 \\ 1 \end{vmatrix}$	1	• • • •	$\begin{vmatrix} 4\\10 \end{vmatrix}$		•••		$\frac{2}{4}$	•••	•••	11
Randwick		3	1	184	•••	60	_	 1		17	$\frac{1}{4}$	•••	•••	$\begin{vmatrix} 4 \\ 8 \end{vmatrix}$	•••	•••	$\begin{vmatrix} 14\\36 \end{vmatrix}$
Redfern				24	•••	35	$\frac{1}{2}$			3				7	•••	•••	12
Rockdale				41		14				6	1			4	•••	•••	17
Ryde		•••		81	1	25	1			1				3	1		14
St. Peters		1		19		14	•••				•••	•••		2	ī		2
Strathfield		• • •	•••	10		6	•••	• • • •		1	1	1			1]
Vaucluse		•••		11	•••	2		•••		•••	•••	• • • •		1 1	•••	•••	4
Waterloo		•••	•••	22	• • • •	26	1	• • • • •	•••	10				3	•••	•••	13
Waverley Willoughby		1	•••	110 52		13 17	1	•••	•••	$\begin{vmatrix} 12\\9 \end{vmatrix}$	$\frac{1}{2}$	•••		$\begin{vmatrix} 4\\2 \end{vmatrix}$		•••	23
Woollahra		i		70	•••	11	3	•••	•••	$\begin{bmatrix} 9\\7 \end{bmatrix}$		•••		$\begin{vmatrix} 2 \\ 6 \end{vmatrix}$	2	•••	$\begin{vmatrix} 10 \\ 14 \end{vmatrix}$
					•••	**		•••	•••		•••				•••		14
			E	XTRA M	ETROP	OLITAN	Munic	CIPALI	ries.								
Cabramatta and Canley Vale				7		97	1										
Canley vale		•••	•••	4	•••	$\begin{vmatrix} 27 \\ 31 \end{vmatrix}$	$\begin{array}{c c} 1 \\ 1 \end{array}$	•••	•••	1	 1	•••	•••	2	•••	•••	4
Holroyd (Guildford and		•••	•••	+	***	31	1	•••	•••	1	1	•••	•••	•••	•••	•••	3
Wentworth Wards)		•••			•••	•••	•••				•••						3
Ingleburn		•••	•••	10	•••	1	•••	•••	•••	5	•••				• • •		
Liverpool		•••	l	7	•••	23	1	•••		2	•••	•••		1	3		1
		I	EXTRA	METRO	POLITA	n Shiri	ES AND	Port	JACK	SON.							
Hornsby			 	61		16		l	ļ	1 1	1	 	1	3	1	1	13
Warringah		•••		24	•••	16		•••		3					•••		16
Harbour of Port Jackson		•••		•••	•••	•••		•••			•••	•••	•••				
Total		11	3	2,419	3	1,204	49	10		218	46	6	${2}$	173	$\frac{}{22}$		580

Annandale, 1; Canterbury, 1; Drummoyne, 1; Ku-ring-gai, 1; Mascot, 2; Randwick, 2; Redfern, 1; Sydney, 1;

Undulant Fever—
Ku-ring-gai, 1,

Table II.—Showing the number of notified cases of, and deaths from, Cerebro-spinal Fever (Meningococcal Meningitis), Diphtheria or Membranous Croup, Encephalitis Lethargica, Infantile Paralysis (Acute Anterior Poliomyelitis), Scarlet Fever, Typhoid Fever (including Paratyphoid), Pulmonary Tuberculosis, and Puerperal Infection in the Hunter River Combined District for the year ended 31st December, 1943.

Municipality or Shire.	Estimated Mean	Typhoic Paratyl		Sear Fev		Dipht	lieria.	Infa Para		Cere spir Meni			halitis argica.	Puerj Infee		Pulm Tubero	
	Population.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	С.	D.
		-			Mur	NICIPALI	TIES.										
Greater Newcastle Cessnock Maitland, East Maitland, West Morpeth Singleton	Not Available.			129 5 1 3 16	7 	93 14 1 6 2	4	•••		17 1 2 	3	1		4 3 	2 		32 1 2 2 1
		-				Shiri	es.										
Bolwarra Kearsley Lake Macquarie Port Stephens Tarro	Not Available.		•••	16 16 3 2		$ \begin{array}{c c} 1 \\ 14 \\ 39 \\ 5 \\ 6 \end{array} $	1 1	1		6 4 2	3 2			1 4	1 1		8 3 1
Total				195	7	181	7	1		32	8	1		12	4		50

Undulant Fever: Greater Newcastle, 1.

Table III.—Showing the number of notified cases of and deaths from Cerebro-spinal Fever (Meningococcal Meningitis), Diphtheria or Membranous Croup, Encephalitis Lethargica, Infantile Paralysis (Acute Anterior Poliomyelitis), Scarlet Fever, Typhoid (including Paratyphoid), Pulmonary Tuberculosis, and Puerperal Infection, in the Remainder of State for the year ended 31st December, 1943.

Municipality.	Estimated Mean	Typhoi Paratyj		Sear Fev		Diphtl	neria.	Infa Paraly	ntile vsis.	Cere spi Menin		Encep Letha		Puerj Infee			onary eulosis.
-	Population.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.

COUNTRY MUNICIPALITIES.

Albury	1			20		6	2			1							4
Armidale				21	• • •	13	1										1
Ballina						1				$2 \mid$				1			1
Balranald		1	•••	•••		8	•••										•••
Barraba				•••			•••					• • •					
Bathurst		2		9		21	1	•••		1	2	•••		4	1		3
Bega			•••	1		11					• • •						2
Berry			•••	2									• • •				• • •
Bingara				3		1				1	• • •						
Blackheath		•••		2		1				l	•••					• • •	3
Bombala		•••		5		•••				• • •	• • •			•••		• • •	•••
Bourke		•••	•••			3	•••				• • •					•••	1
Bowral		• • • •		15						• • •	• • •	•••				•••	3 -
Brewarrina	Not	• • •	•••			•••	•••	•••			•••		•••			• • •	3
	Available.	2		89		19	1	• • •		2	•••			1		• • •	12
Broughton Vale		•••	•••	• • • •		•••	•••	• • •			•••		•••		• • • •	•••	•••
Burrowa						•••		•••		•••	•••	• • • •	• • • •			•••	•••
Camden		•••		•••		5		•••		•••	•••					• • •	1
Campbelltown				1		3	1	•••			I	•••		1	• • •	• • •	• • •
Casino		•••	• • • •	1		•••	•••		•••	•••	•••	•••			1	• • •	•••
Castlereagh		•••		•••			• • • •	•••	•••	•••	•••	•••	• • •		•••	• • •	
Cobar		•••		4	•••	1	•••	•••	•••	•••		• • •		•••	•••	•••	I
Condobolin		•••	•••	14	•••	1	•••	•••	•••		•••	•••	•••			•••	
Cooma		•••		3	•••		• • • •			•••	•••	•••	•••			• • •	1
Coonamble		•••		1	•••	4	•••			•••	• • •	•••	• • •	2	•••	• • •	1
Cootamundra		•••	•••	13	•••	•••	• • • •	• • • •	•••	•••						• • •	2
Corowa		•••		8		5		•••		3	2	•••		• • • •		•••	$\frac{2}{3}$
Cowra		•••	•••	$\frac{3}{a}$		3	•••			1	1	•••			•••		3
Deniliquin		•••	•••	6		6	•••	;	•••	1		• • •			•••	•••	2
Dubbo		• • • •		9		63	•••	1		6	1	• • •		2	•••	•••	4
			J		1	A.	l.		R 1)	1				

Table III—continued.

Remainder of State—Return showing the number of cases, etc., from Country Municipalities.

Municlpality.	Estimated Mea	Typhoic Paratyp	d and hoid.	Scar Fev		Dipht	heria.	Infa Para		Cere spir Meni		Encep Letha	halitis rgica.	Pueri Infec		Pulm Tuber	
	ropulation.	С.	D.	С.	D.	С.	D.	С.	D.	С.	D.	С.	D.	С.	D.	С.	D,
Dungog Forbes Gerrigong Glen Innes Gosford Goulburn Grafton Grafton, South Grenfell Gunnedah Hay Hillston Illawarra North Inverell Jamberoo Junee Katoomba Kempsey Kiama Lismore	Mea Population.	C	D	С.	D. D	C. Y MUN 15 5 1 713 4 4 1 6 4 2 4 3 13 6	10IPAL	C.	Dcontin	С.	1 1 2	C.	D.	C.	D	C.	D. 4 5 2 1 3 2 10
Lithgow Maclean Manilla Moama Molong Moree Mudgee Mullumbimby Murrumburrah Murrumdi Murwillumbah Muswellbrook Narrabri Narrandera Narromine Nowra Nyngan Orange Parkes Peak Hill Penrith Port Macquarie Queanbeyan	Not Available.			1 10 1 3 2 16 12 2 7 2 1 1 10 36 9 15 1 7		6 1 30 3 2 7 2 16 15 9 3 4 3 2				 1 2 1 1 3 4 3							2 2 3 2 1 1 2 2 1
Quirindi Richmond Scone Shellharbour Shoalhaven, South St. Mary's Tamworth Taree Temora Tenterfield Ulladulla Ulmarra Uralla Wagga Wagga Walcha Warren Wellington Wentworth Wilcannia				7 13 23 2 1 6 1 19 3 3 6 54 1 2 5 1		3 4 1 23 3 4 9 2 8 11				2 2 1 5 3 					····		2 1 2 4 1 1 1 1 3 4 1
Windsor Wingham Wollongong Yass Young		•••	•••	20 11 20		4 5 1 3	1	•••		2 6 1 	2	•••	•••	2	i 	•••	 4 1

Typhus Fever: Lismore Municipality, 1; Murwillumbah Municipality, 1; Port Macquarie Municipality, 2.

Total Municipalities

Table III—continued.

Remainder of State—Return showing the number of cases, etc., from Country Shires.

Shires.	Estimated Mean	Typhoid Paratyr	l and hoid.	Scarl Feve		Diphth	eria.	Infar Paral		Cereb spin Menin	al (Encep Letha	halitis argica	Puerj Infec	peral tion.		onary culosis,
	Population.	С.	D.	С.	D.	с.	D.	С.	D.	C.	D.	C.	D.	C.	D.	С.	D,
				<u>.</u>	Coun	rry Sh	IRES.						,				
Abercrombie				$\begin{array}{c c} 1 & 1 \\ 1 & 1 \end{array}$	•••	4	•••	•••	• • •	$\begin{array}{c c} 1 \\ \dots \end{array}$	1	•••			•••		1
Apsley		•••	•••	•••	•••	3		•••	•••	$2 \mid$	1	•••	•••	•••	***		•••
Ashford Barraba		•••	•••	3	•••	ï	•••		•••	•••	• • •	• • •	• • • •	• • •	• • •		•••
Baulkham Hills		1		7	•••	9	•••	•••	•••	$\begin{bmatrix} 1 \\ 4 \end{bmatrix}$	 1	•••		$\frac{1}{2}$	1		3
Bellingen Berrigan		•••	•••	4	•••	19		•••		$\frac{1}{2}$		•••		•••		•••	•••
Bibbenluke Bingara		•••	•••	•••	•••	•••	•••	•••	•••	• • •		•••		•••	•••	•••	•••
Blacktown		•••	•••	15	ì	ii	•••	1	•••	6		• • • •		2	ï	•••	13
BlandBlaxland	1	•••	•••	3 6	•••	 8	 1	•••	•••	3			•••		ï	•••	$\begin{bmatrix} 2 \\ 1 \end{bmatrix}$
Blue Mountains		•••	•••	5	•••	8		•••	•••	i l						•••	9
Bogan Boolooroo			•••	1	•••	 1	•••	•••	• • •	•••	•••	•••				•••	•••
Boomi			•••	4		•••	•••	•••	•••		•••						•••
BoreeBulli			•••	8 7	•••	$egin{array}{c} 1 \\ 13 \end{array}$	1	•••	•••	1	• • •	•••	•••	•••	1	•••	16
Burrangong		•••	•••	5	•••	1	i	•••	•••	2	ï	•••	•••				
Byron	.			3		4				•••			•••	1	•••		1
Canobolas	\cdot			2		6							***				5
Carrathool		•••	•••	5							•••					•••	
Clyde Cobbora				3		6	2		•••								3
Cockburn		•••	•••	$\begin{array}{c c} 2 \\ 2 \end{array}$	•••	10	1	•••	• • • •	ï	•••				•••		$\begin{array}{ c c }\hline 1\\ 2 \end{array}$
Colo			•••		•••		•••	•••				•••					•••
Coolah	•	•••	•••	$\begin{vmatrix} 2\\24 \end{vmatrix}$	•••	•••		•••	•••	1 1	1			•••			$\begin{vmatrix} 2\\3 \end{vmatrix}$
Coolamon			•••		•••	7	2	•••						i	1		1
Copmanhurst	1			3		$\frac{2}{3}$	•••		•••	2	•••	•••	•••			•••	•••
Crookwell			•••	9						ī		•••	•••				2
Cudgegong				20		9	1			1	•••	•••	•••				1
Culcairn Demondrille	Not			20	•••	1			•••	i	•••		•••			•••	
Dorrigo	. Available		•••			10	1	•••		1	•••	•••	•••	1		•••	$\frac{2}{3}$
Dumaresq Erina		•••		5		7	2	•••	•••	•••			•••	1	2		3
Eurobodalla		•••	•••	1	1			1	1	3			•••	•••			7
GilgandraGloucester				14		$\begin{vmatrix} 1 \\ 2 \end{vmatrix}$	1					•••		•••		•••	i
Goobang	••			4 9		···	•••	•••		•••		1	•••		•••		1
Goodradigbee Gostwyck			•••	9	•••	1		• • •	•••	•••			• • •			•••	•••
Gulgong			•••	1 1 7 7	•••	3			•••		•••	• • •				•••	1
Gundagai Gundurimba			•••	15		$\frac{1}{2}$			•••				•••	•••			•••
Gunning			•••	6	•••	•••		•••	•••	1	1		•••	•••		•••	$\frac{1}{2}$
Guyra Gwydir		•••	•••	7	•••	2				ï	•••						
Harwood				5	•••	4			•••	1	•••		•••	•••		1	$\begin{vmatrix} 1\\1 \end{vmatrix}$
Hastings Holbrook	••			$\frac{1}{5}$	•••	4		1				•••	•••	•••		1	
Hume				2		1	•••			1	1						
Illabo Illawarra, Central		•••		13		12	i	•••		3	•••		•••		1		
Imlay				17		7	1	1	•••	•••			•••		1		
Jemalong Jerilderie				17	•••	i											
Jindalee				9 14		2				2	•••		•••		1	i	
Kyeamba Kyogle		•••		7		7		1	i		•••	•••					1
Lachlan Liverpool Plains		•••	•••	$\frac{1}{2}$		$\begin{vmatrix} 1 \\ 3 \end{vmatrix}$	1			2	•••			•••			
Lockhart		•••	•••	16		1		•••								1	•••
Lyndhurst		•••		6		5	1			1		•••	•••	•••			
Macintyre Macleay		•••		4			i	1		2	i						2
Macquarie	••			3		$\begin{vmatrix} 4 \\ 1 \end{vmatrix}$	•••	1		1	•••			•••			
Mandowa Manning		•••		i	•••	9						•••					•••
Marthaguy					•••	2	1			···i		•••	•••	•••		- 1	
Merriwa Mitchell				2		14	i			1							1
Monaro		•••		16		2	•••	··;	•••	···				•••			1
Mulwaree Mumbulla						$\begin{vmatrix} 2 \\ 3 \end{vmatrix}$	ï										1
Murray				2	1	1	•••									1	
Murrumbidgee Murrungal							•••	•••							• • •		•••
Muswellbrook						3		•••	•••	1]			1			2
Nambucca	!	1	*	<u>'</u>	J	<u>'</u>	<u>'</u>	<u>'</u>	• • • • • • • • • • • • • • • • • • • •	1							

Table III—continued.

Remainder of State—Return showing the number of cases, etc., from Country Shires—continued.

Shires.	Estimated Mean	Typho Paraty	id and phoid.	Sca. Fev		Diph	ther i a.	Inf Par	antile alysis.	spi	bro- nal ngitis.		phalitis argiea.		peral etion.		nonary reulosis.
omes.	Population.	C.	D	С.	D.	С.	D.	С.	D.	С.	D.	C.	D.	С.	р.	C.	D.
		1	1	1				<u></u>		.1	<u></u>	1		,		1	<u>'</u>
3 7					COUNT	RY SHII	RES—c	ontinu	ed.			,	,				,
Namoi			•••	$\begin{bmatrix} 3\\7 \end{bmatrix}$		$\frac{5}{1}$	•••		•••	•••		•••		•••		•••	•••
Nattai				$\frac{1}{2}$		4											
Nepean Nundle		•••	•••	1		$\begin{vmatrix} 6\\2 \end{vmatrix}$		• • •	•••	•••	•••	***	***	•••	•••	•••	•••
Nundle		•••		3		$\frac{1}{2}$				•••	•••	• • •	•••	•••		•••	
Oberon		•••								•••	•••		•••			•••	1
Orara		•••		$\begin{array}{c c} & 1 \\ & 11 \end{array}$	•••	$\begin{vmatrix} 1\\2 \end{vmatrix}$		•••	•••		• • •		• • •	•••	***	•••	• • •
Peel				8		4		1									
Rylstone Severn		•••	•••	$\begin{vmatrix} 1 \\ 8 \end{vmatrix}$	•••	3 7	•••	•••		1	•••	···		•••	•••	•••	
Severn Snowy River		• • • •			•••			•••			• • • •		•••			•••	i
Stroud		•••		3	•••	23	2	•••	•••	$\frac{2}{2}$			•••		1	•••	2
Sutherland Talbragar				$\frac{21}{4}$	···	$\begin{array}{ c c c c }\hline 16 \\ 6 \end{array}$			•••	3	1		•••	•••	•••		$\frac{12}{1}$
Tallaganda						3				1							1
Tamarang Tenterfield		•••	•••	1		1	1	•••		•••	•••	•••		•••	•••	•••	1
Terania			•••	5		7	•••	• • • •	•••	•••	•••	•••	•••		•••		1
Timbrebongie				5	•••	1		•••	•••	1	1	•••		•••	•••		•••
Tintenbar Tomki	Not	• • •		•••		$\begin{vmatrix} 12\\2 \end{vmatrix}$		 1	•••	1	• • •					•••	 1
Tumbarumba	Available.	•••		2		2					• • •	•••					
Tumut Turon		 1		$\frac{29}{3}$	•••	2 4	•••	•••	•••	3	3	•••	•••	•••	•••	•••	•••
Tweed				11	•••	9	•••	ï		1	$\frac{\cdots}{2}$	•••		ï		•••	2
Upper Hunter		• • •	•••	12	•••	5	•••	•••	• • •	1	• • •	•••		•••	•••	•••	1
Urana Wade		• • •		14		$\begin{vmatrix} 1\\13 \end{vmatrix}$	i		•••	1	• • •	•••		• • •	•••		1
Wakool		•••	•••	7		1				1	1					•••	
Walgett Wallarobba		•••	• • • •	$\frac{1}{2}$	•••	$\begin{vmatrix} 3 \\ 6 \end{vmatrix}$		• • • •			•••	•••	•••	•••	 1	•••	2
Waradgery		• • •	•••	ī	•••		•••	•••			• • • •	•••	•••	•••		•••	
Warrah		• • •		1	•••	7	•••	•••	•••		•••	•••	•••	•••	1	•••	•••
Waugoola Weddin		• • •	•••	$\frac{3}{1}$	•••	$\frac{2}{\dots}$		•••		1	1	•••	•••	•••	•••	•••	1
Willimbong		•••	•••	7		3	ì	•••		•••	•••				•••	•••	1
Windouran		•••	•••	•••	•••	•••	•••	•••		•••	•••	•••	•••	•••	•••	•••	•••
Wingecarribee		1	•••	21	•••	2		• • • •			•••	•••	•••	•••	•••	•••	1
Wollondilly Woodburn		l	•••	 14	•••	1		•••		 1	•••	•••	•••	•••	•••	•••	3
Woy Woy		•••		1.4	• • • •	i		•••		1	•••	•••		1	•••		$\frac{\cdots}{2}$
Yallaroi		•••	•••		•••		•••	•••	•••		•••	•••		•••	•••	•••	
Yanko Yarrowlumla		•••	•••	$\begin{array}{ c c c }\hline 4 \\ 4 \end{array}$	•••	$\begin{vmatrix} 3 \\ 1 \end{vmatrix}$					•••			•••			
				F00		400											
Total, Shires		4		566	2	429	26	10	2	72	17	1		10	12	••••	143
Dalamald		VV E			ON (UI	VINCORP	ORATE	D) Po	4	ISTRIC'	TS.*	t				,	
Balranald		•••		•••		$\begin{vmatrix} 1 \\ \dots \end{vmatrix}$		•••			•••	•••	• • •	•••	•••		
Brewarrina		•••	•••	•••	• • •	•••		•••		•••	•••	•••		•••			
Broken Hill		•••		•••	•••	•••		•••			•••	•••		•••		•••	•••
Hay		•••		•••		•••		•••		•••	•••	•••		•••		•••	
Hillston		***	•••	•••	•••	•••	•••	•••	•••		•••	•••		•••	•••		•••
Menindie		•••		•••	•••			•••		1	•••	•••		•••	•••	• • •	•••
Mitchell		•••		•••	•••		• • • •	•••		1	•••	•••	•••	•••	•••		
Nyngan Walgett		•••	•••	•••	•••	•••		•••			• • • •				•••	•••	•••
Wentworth		•••		•••	•••			•••						•••	•••	• • •	•••
Wilcannia		•••			•••	•••	•••	•••			•••	•••		•••			•••
Total, Unincorporated				•••		1				2				•••			5
Lord Howe Island		1		ı		ISCELLA			1				1 1				
Migratory				•••		•••		•••	•••	•••	•••	• • •			•••	•••	•••
Outside the State—																	
Australiam Capital Territory			•••		• • •						•••				•••	•••	
Queensland		•••	•••		•••		•••	•••		•••	•••	•••	•••		•••		•••
Victoria South Australia		•••									•••		•••	•••	•••	•••	•••
		•••															
Total Miscellaneous		•••											•••	•••		•••	
Total, N.S.W		24	4	3,940	13	2,268	99	25	2	400	89	8	2	224	45		890

* Deaths available only for unincorporated area as a whole.

Puerperal Infection.	Mortality.	Notified Deaths.	Е	55		+11	:::====================================	:		19	:::
Puerpera	Incidence.	Notified Cases.	Н	173	::::::::::::::::::::::::::::::::::::::	12		-	::::=:::	38	::::000 ::::#
Tuberculosis.	Mortality.	Notified Deaths.	M. F. Total.	394 186 580	3 1 4 20 21 41 36 56 92 104 30 134 97 21 118 77 17 91	30 20 50	10: 1:: 1 1:	12, 12,1		136 112 248	1 2 22 3 3 1 2 23 3 3 3 3 3 3 3 3 3 3 3
Pulmonary T	Incidence.	Notified Cases.	M. F. Total. M	:		:					
	Mortality.	Notified Deaths.	M. F. Total.	28 18 46		8	1, 1; 1, 1; 1; 1; 1; 1; 1; 1; 1; 1; 1; 1; 1; 1;	=		21 14 35 .	4,004 61 14 1
Cerebro-spinal Meningitis.	Incidence.	Notified Cases.	M. F. Total.	128 90 218	21 14 25 24 10 24 10 10 10 10 10 10 10 10 10 10 10 10 10	18 14 32	www w in	- 16		74 74 148	1222 122 123 124 125
cephalitis Lethargica.	Mortality.	Notified Deaths.	M. F. Total.	1 1 2		: : :		. ~		:	
Encephaliti	Incidence.	Notified Cases.	M. F. Total.	DISTRICT 1 5 6		STRICT.					
aralysis.	Mortality.	Notified Deaths.	M. F. Total.	COMBINED DIS		COMBINED DIS		N HILL DISTRICT		NDER OF STATE	
Infantile Paralysis	Incidence.	Notified Cases.	M. F. Total.	METROPOLITAN 6 4 10	:01-4	HUNTER RIVER		BROKE			:0:0:1-1 : : : : : :
eria.	Mortality.	Notified Deaths.	M. F. Total.	22 27 49	141 141	4 3 7	:01 :14 : : : : : : : :	-		22 20 42	13. 14. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15
Diphtheria	Incidence.	Notified Cases.	M. F. rotal.	548 656 1,204	257 291 548 257 291 548 27 63 90 17 45 58 7 7 122 3 9 122 1 6 9	103 78 181	39 40 79 80 80 80 80 80 80 80 80 80 80 80 80 80	9, 10, 19,	1 1 1 2 2 1 1 1 1 1 1	373 491 864	134 147 281 177 193 370 24 70 94 16 39 555 3 7 10 6 6 6 6 6 7 12
ever.	Mortality.	Notified Deaths.	M. F. Total.	1, 2, 3,		5 2	co o1	-		e e e	:
Scarlet Fever	Incidence.	Notified Cases.	M. F. Total.	975 1,444 2,419	273 276 549 83 177 260 41 177 260 141 21 105 14 21 35 2 4 8 12 3 4 8 12	62 133 195	30 23 23 30 23 30 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	261 631 89	9 :0,000	446 791 1,237	115 174 2895 251 394 645 2895 291 127 2895 291 127 291 2
d and	Mortality.	Notified Deaths.	M. F. Total.	 		:		_		1 1	
Typhoid and Paratyphoid.	Incidence.	Notified Cases.	M. F. Total.	8 3 11		:		11 11 9		9 2 111	: : : : : : : : : : : : : : : : : : :
	Age Period.			All ages	Under 1 years	All ages	Under 1 years 15-14 " " " " " " " " " " " " " " " " " " "	Allages	Under 1 year. 1 - 4 years 5-14 ", 15-24 ", 25-34 ", 35-44 ", 55-64 ", 65 and over Not stated	All ages	Under 1 years 1 - 4 years 5-14 ,,, 15-24 ,,, 25-34 ,,, 35-4 ,,, 45-54 ,,, 55-64 ,,, 65 and over

Table V.—Showing the seasonal prevalence of Cerebro-spinal Fever, (Meningococcal Meningitis), Diphtheria, and Membranous Croup, Infantile Paralysis (Acute Anterior Poliomyelitis), Encephalitis Lethargica, Scarlet Fever, Typhoid Fever (including Paratyphoid), Pulmonary Tuberculosis, and Puerperal Infection in New South Wales for the year

2	Typhoid a	and Par	$\left \begin{array}{c}1\\2\\1\\2\\\cdots\end{array}\right $	1	$\begin{bmatrix} 1\\7\\3\\6 \end{bmatrix}$	 3 	100 74 170	D	C. 9 14 27		carlet	Fever	C. 80 132	1	190 220	
		•••	$\left \begin{array}{c}1\\2\\1\\2\\\cdots\end{array}\right $	1	$\begin{bmatrix} 1\\7\\3\\6 \end{bmatrix}$	3	74 170	•••	14		1		80		190	
	1 1 1 		$\left \begin{array}{c}1\\2\\\end{array}\right $	1	7 3 6	3	74 170	•••	14	•••					190 220	
	1	•••	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	•••	6	1			27		•					
		•••					152	1	16	•••	3	•••	157 96	ï	$\begin{array}{c} 357 \\ 264 \end{array}$.
			1 . 1	•••	1	•••	144	•••	3	•••	3	•••	85		235	,
··· ·· ··· ··· ··· ··· ··· ··· ··· ··· ··· ··· ·			•••	•••	•••	•••	$\begin{array}{c c} 121 \\ 182 \end{array}$	•••	16 9	•••	4 14	•••	80 55	•••	$\begin{array}{c} 221 \\ 260 \end{array}$	•
1			ï	•••	ï	•••	284	•••	11	•••	15	•••	106	•••	416	
1			1	•••	1	•••	354		15		15	•••	85	• • •	469	
			$\begin{vmatrix} 1 \\ 1 \end{vmatrix}$	•••	$\begin{bmatrix} 2 \\ 1 \end{bmatrix}$	 1	$\begin{array}{c} 263 \\ 314 \end{array}$	$\frac{1}{1}$	13 12	•••	4 18	•••	87 145	1	367 489	
			î		î		261		50	7	12	•••	129	•••	452	
3	$\begin{vmatrix} \end{vmatrix} - \frac{-}{2}$	-	11	1	24	4	2,419	3	195	7	89		1,237	3	3,940	-
3			11	1	24	*	2,419	3	199		09	•••	1,201	3	3,940	1
	I)iphthe	ria.							Infant	ile Pa	ralysis	l.			
3 30	1		82	5	200	9	4						[•••	4	I
6 20	1 1		117	6	278	13	2	•••	•••	•••	•••	•••	2	1	4	
7 29	1 -	1		10				•••	•••	•••	•••	•••		•••		
	$\begin{vmatrix} \ddots & \ddots & 3 \\ 2 & 6 \end{vmatrix}$			$\begin{bmatrix} 3\\2 \end{bmatrix}$							- 1					
3 13	1 1	•••	44	4	147	8	•••		1		•••	•••	1	•••	2	
	1 1			$\begin{bmatrix} 3 \\ 2 \end{bmatrix}$				•••	•••	•••	•••	•••				
i 1			46	4	101	4							$\frac{1}{2}$	•••	2	
6			43	2	96	2	1	•••	•••		•••	•••	1	•••	2	
				;			•••	•••	•••	•••	•••	•••		•••		
		-			-											-
		1	1		1	1										
	Cerebro-s	pinal M	[eningi	tis.					En	cephal	itis L	etharg	ica.			
$3 \mid 4$			16	1	38	4		•••			•••				•••	1
							•••	•••	1	•••	•••	•••	1		${2}$	
$5 \mid 2$	1 1	1	7	1	22	7						•••				
							1	1	•••	•••		•••	•••	•••	1	
		1							•••			•••	•••	•••		
4 3	1		26	5	53	10	•••		•••				•••	•••	•••	1
	_							•••	•••	•••	•••	•••	•••	•••		
$\begin{bmatrix} \frac{4}{2} \\ 2 \end{bmatrix} \begin{bmatrix} \frac{2}{2} \\ \frac{2}{2} \end{bmatrix}$	7		7	4	22	6		ï		1						
1 1	1 1		6		13	2	•••							•••	•••	_
46 32	8 2	1	148	35	400	89	6	2	1				1	•••	8	1
	6 20 7 29 5 30 12 18 3 13 6 12 2 4 6 4 9 1 9 49 181 3 2 1 1 5 2 4 4 1 7 2 4 3 7 8 4 2 2 1 1	3 30 1 6 20 1 7 29 2 5 30 5 12 18 2 6 3 13 1 1 6 12 2 2 4 1 6 6 1 2 2 1 9 49 181 7 19 Cerebro-s Cerebro-s Cerebro-s 3 4 4 4 4 4 4 1 7 2 3 1 1 4 3 1 7 8 2 4 2 2 2 1 1 1	3 30 1 6 20 1 7 29 2 5 30 5 1 12 18 2 6 3 13 1 1 6 12 2 2 4 1 1 6 1 9 4 9 2 2 1 9 49 181 7 19 1 Cerebro-spinal Manual	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	3	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	3 30 1 82 5 200 9 4	3 30 1 82 5 200 9 4	3 30 1 82 5 200 9 4	3 30 1 82 5 200 9 4	3 30 1 82 5 200 9 4	3 30 1 82 5 200 9 4 46 20 1 117 6 278 13 2 2 1 44 7 29 2 168 10 436 17 1 1 2 5 30 5 1 127 3 339 9

50

580

Total ...

248

12

890

22

173

12

4

1

38

19

224

45

SUMMARY.

District.	Typl Fev		Sca Fev		Dipht	heria.	Infa Paral		Cerebro Menin	o-spinal ngitis.	Encep Letha		Puer Infec			onary culosis.
2.500.000	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	†† Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Metropolitan Combined Sanitary District	11	3	2,419	3	1,204	49	10		218	46	6	$\frac{1}{2}$	173	22	•••	580
bined District Broken Hill District Remainder of State—		•••	195 89	7	181 19	7 1	1	•••	32 2	8		•••	12 1	4	•••	50 12
Municipalities Shires	7 4	1	671 566	$\frac{1}{2}$	434 430	16 26	10	2	74 74	18			28 10	7 12	•••	100 143
Unincorporated Lord Howe Island	• • •	•••	•••	•••	•••	•••	•••	•••	•••	•••	•••	•••	• • •	•••	•••	5
A.C.T								-							•••	
Total	24	4	3,940	13	2,268	99	25	2	400	89	8	2	224	45		890

^{††} Deaths from notifiable forms only.

SECTION I.

A.—COMMUNICABLE DISEASES, 1944.

Notifiable Infectious Diseases Recorded in New South Wales during the year ended 31st December, 1944.

Public Health Acts, 1902-1937.

The Public Health Act, 1902, provides that the Governor may, by proclamation in the Government Gazette, declare that any disease therein named is an infectious disease.

			Case	es and De	eaths Not	ified.	
Disease.	Notifiable from—	19	42.	19	943.	19)44.
		Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Typhoid fever and paratyphoid	1st January, 1898	31	6	24	4	24	5
Scarlet fever		1,576 1.454	$\begin{vmatrix} 9\\79 \end{vmatrix}$	$\begin{vmatrix} 3,940 \\ 2,268 \end{vmatrix}$	$\begin{array}{c c} & 13 \\ & 99 \end{array}$	5,618 1,402	11 69
Bubonic plague	23rd January, 1900	• • •		• • •			
Infantile paralysis (including any form of acute anterior poliomyelitis, polioencephalitis or poliomyeloencephalitis).		34	1	25	$\frac{2}{2}$	15	2
Epidemic cerebro-spinal fever (meningococcal meningitis).	11th October, 1915	879	125	4 00	89	172	59
Encephalitis Lethargica		12	3	8	2	3	2
Cholera Typhus fever			1	16	$\begin{array}{c c} & \cdots \\ & 2 \end{array}$	33	2
Yellow fever	16th August, 1929	$\frac{\dots}{244}$	36*	 224	 45*	$\frac{\dots}{205}$	26*
Puerperal infection	13th August, 1937	444		2	1	1	20
Leprosy		5		8	1	7	•••
Total		4,243	260	6,915	258	7,480	176
Population as at 31st Decemb	er	2,833	,133	2,85	4,862	2,88	4,848

^{*} See text below.

Public Health Act, 1902.

A total of 7,480 cases of infectious diseases was notified under the Public Health Act, 1902, during 1944, or 565 more cases than in 1943. The number of cases notified from the 152 municipalities, 137 shires and the unincorporated portion of the Western Division; the deaths due to these infections; the age and sex of the patients, and the seasonal incidence of the various diseases are shown in appended Tables I-V (pages 49-57). As indicated below, pulmonary tuberculosis is notifiable under the Public Health (Amendment) Act, 1915, and venereal diseases under the Venereal Diseases Act, 1918.

Typhoid Fever.—In 1944 there were twenty-four cases notified and five deaths. The number of cases was the same as in 1943 and the experience over these two years was the lowest incidence of this disease hitherto recorded. In 1943 there were four deaths.

Scarlet Fever.—There were 5,618 notified cases, and eleven deaths, an increase of 1,678 cases as compared with 1943 when 3,940 cases and thirteen deaths were recorded.

Diphtheria.—There were 1,402 notified cases and sixty-nine deaths in comparison with 2,268 cases and ninety-nine deaths in 1943.

Infantile Paralysis.—Fifteen cases and two deaths were notified. In 1943 there were twenty-five cases and two deaths.

Puerperal Infection.—Two hundred and five cases were notified or nineteen less than in 1943. The recorded deaths from puerperal septicaemia and post-abortive sepsis in 1944 numbered twenty-six, which does not include twenty-nine deaths from sepsis classed as criminal abortion. Under the revised International List of Causes of Deaths which came into use in 1940, puerperal thrombophlebitis, embolism and sudden death are included as subdivisions of the "infection" group but to maintain comparability with previous years such deaths are omitted here and shown separately in the following pages. There were twenty-three deaths in this additional group.

Cerebro-spinal Meningitis.—One hundred and seventy-two cases and fifty-nine deaths were reported in 1944. In 1943 there were 400 cases and eighty-nine deaths.

Encephalitis Lethargiea.—Three cases and two deaths were notified compared with eight cases and two deaths in 1943.

Undulant Fever.—On 13th August, 1937, a proclamation was issued making undulant fever notifiable on and from that date. One case and no deaths were notified in 1944.

Bubonic Plague.—No case of this disease has been reported since June, 1923. Rat-catchers are continuously employed in the vicinity of wharves and in the city area. Plague was not detected in the 1,926 rats examined in the Microbiological Laboratory.

Smallpox.-No case was reported during 1944.

Leprosy.—Seven cases (no deaths) of leprosy were notified in 1944. For the Report on Leprosy in New South Wales, see page 133.

Public Health (Amendment) Act, 1915.

Pulmonary tuberculosis was made a notifiable disease under an amendment of the Public Health Act in 1915. In 1944 registered cases amounted to 1,743, an increase of 21 on the registrations received in 1943. There were 825 deaths, or a decrease of sixty-five compared with the deaths recorded in 1943. A survey of the Director of the Tuberculosis Division is on page 109.

VENEREAL DISEASES ACT, 1918.

Cases of venereal disease notified in 1944 numbered 4,410, a decrease of 459 cases on the number (4,869) received in 1943. The Report of the Director of the Division is on pages 80-82.

Table I.—Showing the number of notified cases of, and deaths from, the following diseases:—Cerebro-spinal Fever (Meningococcal Meningitis), Diphtheria and Membranous Croup, Encephalitis Lethargica, Infantile Paralysis (Acute Anterior Poliomyelitis), Scarlet Fever, Typhoid Fever (including Paratyphoid), Pulmonary Tuberculosis, and Puerperal Infection in the Metropolitan Combined Districts for the year ended 31st December, 1944.

	1	1		ı		1		1		Joan	OHIGO	u 015	Dec	CIIIDCI	, 101	r.	
Municipality or Shire.	Estimated Mean Population.	1		Sear Fev		Diphtl	heria.	Infa Para		Cere spl: Menir	nal	Encep Letha		Puer Infee		Pulm Tuber	onary culosis.
		C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.
				ME	TROPO	LITAN]	MUNIC	IPALIT	IES.			<u>·</u>	<u>' </u>		<u> </u>	<u>'</u>	
Sydney, City of			•••	174	1	66	1 1) ···	4	2		1	21	1	1	67
Alexandria		1	•••	23	•••	8	• • •	3		1				l ī			3
Annandale		•••	•••	14	•••	5		•••		2	• • •				1		7
Ashfield		•••	•••	$\begin{array}{c c} 71 \\ 36 \end{array}$	 1	$\begin{array}{c} 5 \\ 14 \end{array}$	1	•••	•••	2		•••		7	• • • •		13
Balmain		•••	• • •	111	1	28	i	•••	•••	4 5	1	•••	* • •	4			8
Bankstown		•••	•••	103		33	$\begin{vmatrix} 1 \\ 2 \end{vmatrix}$	 1	•••	$\frac{3}{2}$	$\begin{vmatrix} 1\\2 \end{vmatrix}$	***	•••	$\begin{bmatrix} 2 \\ 4 \end{bmatrix}$	1	•••	$\frac{9}{11}$
Bexley			•••	64		3	ī	•••	•••	ī			•••	1	ı 1	•••	6
Botany		1	•••	19		5	1				•••				î	• • • •	3
Burwood				25		2			• • •	4				1			6
Canterbury		1	1	214	•••	39	•••	• • •	•••	4	4		• • •	6	• • •		29
Concord		1	•••	$\begin{bmatrix} 52 \\ 4 \end{bmatrix}$	•••	1 1	•••	•••	•••	4	•••	•••	• • •	•••	•••	•••	4
Drummoyne		•••	***	39	•••	6	• • • •	i 1	•••	3	ï	• • • •	•••	•••			4
Dundas			•••	23	ï	• • • •		•••	•••			• • • •	***	•••	1	•••	1 1
Eastwood				6		•••		1	• • •	•••	• • • •		•••	•••		•••	
Enfield				28		12	1	• • •		•••							3
Ermington and Rydalmere		•••	•••	$\frac{2}{10}$		•••		•••		•••			•••				
Erskineville		•••	•••	19	•••	19		•••	•••	1	• • •		•••	•••	•••		4
GlebeGranvile		•••	•••	57 56	•••	$\begin{array}{c} 13 \\ 12 \end{array}$		• • •	•••	3	1	•••	•••	5	1	• • • •	9
Holroyd (Pitt and Merry-			•••	50	•••	12	•••	•••	•••	3	1	•••	•••	2	***		9
lands Wards)	Not	1		39		13	1	•••		1	•••		•••	2			4
Homebush	Available.			4		1	1	• • •	***		•••			ī	•••		
Hunter's Hill				16	• • •	3		•••				•••			•••		3
Hurstville		1	•••	73	•••	20	3	•••	• • •	$\frac{2}{2}$	1			4	•••		10
Kuring gai		•••		$ \begin{array}{c c} 100 \\ 94 \end{array} $	•••	17	1		•••	1	• • • •	•••	•••	6	1	•••	6
Kuring-gaiLane Cove		•••	•••	36	1	8 3	•••	1	***	1	1	• • •	•••	•••	•••	•••	24
Leichhardt		•••	•••	49	• • •	18	•••	•••	•••	2	• • •	•••	•••	3	•••	•••	$\frac{1}{13}$
Lidcombe				$\frac{1}{23}$		7		•••	• • • •		• • •	•••	•••	3	•••		16
Manly				82		10	1	•••	• • •	4	1						4
Marrickville		• • •	• • •	120		29	3		• • •	1	1		• • •	3	1		17
Mascot		•••		32		11	1	•••	•••	1	1		•••	3	•••		4
Mosman Newtown		•••	•••	$\begin{bmatrix} 25 \\ 62 \end{bmatrix}$	•••	$\begin{bmatrix} 3 \\ 19 \end{bmatrix}$	• • •	•••	•••	1	•••	• • •	***	$\frac{2}{2}$		•••	7
Newtown North Sydney		•••	ï	70	•••	31	3	***	•••	1	i	•••	• • •	$\begin{bmatrix} 3 \\ 6 \end{bmatrix}$	1	•••	$\begin{array}{c} 10 \\ 20 \end{array}$
Paddington		$\frac{\cdot \cdot \cdot}{2}$		100	• • •	34		ï	ï	ï			•••	12	• • •	• • • •	13
Parramatta				58				-		-					• • •		3
Petersham			•••	48		13	•••			1			•••	2	•••		15
Randwick		1	•••	213	•••	36	•••	1	•••	6	3	•••	•••	8	1		47
Redfern Rockdale		1	•••	41 84	•••	$\begin{bmatrix} 26 \\ 7 \end{bmatrix}$			•••	1 9	•••	•••	•••	8	1	•••	11
Rockdale		•••	***	105	•••	8	1	1	1	$\begin{bmatrix} 2 \\ 1 \end{bmatrix}$	•••	• • •	•••	$\begin{bmatrix} 1\\2 \end{bmatrix}$	1	• • •	11 8
St. Peters.		3		$\begin{array}{c c} 103 \\ 25 \end{array}$	•••	13	ï			$\frac{1}{2}$	$\frac{\cdots}{2}$	•••	•••	ĩ	• • •	•••	5
Strathfield		i		27		3				ī		•••					4
Vaucluse				8	•••	1			• • •	1			• • •	$2 \mid$	•••		1
Waterloo				31		18				3	1			2			2
Waverley		1	•••	188	•••	23		•••	• • •	5	2	• • •		12		•••	17
Willoughby		•••	ï	$\begin{array}{c c} 104 \\ 93 \end{array}$	•••	$\begin{array}{c c} 16 \\ 4 \end{array}$	1	•••	•••	1 3	•••	•••	•••	4 9	1	•••	13 15
· · · · · · · · · · · · · · · · · · ·		•••	1	30	•••	*		•••	•••	9	•••	•••		J	•••		10

METROPOLITAN COMBINED DISTRICTS.—Return showing the number of cases, etc., from Extra Metropolitan Municipalities.

Municipality or Shire.	Estimated Mean	Typ ar Paraty	hoid	Scar Fev	rlet	Dipht		Infa Para	ntile	Cere spir Meniu	bro- nal	Enecp Letha	halitis	Pueri Infee	peral	Pulm	onary culosis.
	Population.	С.	D.	C.	D.	С.	D.	С.	D.	C.	D.	С.	D.	C.	D.	С.	D.
			E	XTRA N	IETRO	POLITAN	Mun	ICIPAL:	ITIES.	-							
Cabramatta and Canley Vale Fairfield Holroyd (Guildford and Wentworth Wards) Ingleburn Liverpool	Not Available.		•••	16 15 6 27	•••	7 9 1 14	1		•••					 	1	•••	4 5 1 7
Liverpoor	'	E	XTRA	METRO	POLITA		ES AN	D Por	T JAC	KSON.	-	,		-		1 1	
Hornsby		1	•••	101 41 	•••	9 10 	•••	•••	•••	3 2 	2 	•••	•••	•••	• • •	•••	14 2
Total		16	3	3,296	5	717	26	10	2	93	30			155	15		540

Undulant Fever: Waverley, 1.

Typhus Fever: Alexandria, 1; Canterbury, 1; Concord, 1; Drummoyne, 2; Hornsby, 1; Leichhardt, 1; Marrickville, 1; Mascot, 1; Newtown, 1; North Sydney, 5; Randwick, 3; Rockdale, 1; Sydney, 3; Waterloo, 1; Waverley, 1; Woollahra, 1

Table II.—Showing the number of notified cases of, and deaths from, Cerebro-spinal Fever, (Meningococcal Meningitis), Diphtheria or Membranous Croup, Encephalitis Lethargica, Infantile Paralysis (Acute Anterior Poliomyelitis), Scarlet Fever, Typhoid Fever (including Paratyphoid), Pulmonary Tuberculosis, and Puerperal Infection in the Hunter River Combined District for the year ended 31st December, 1944.

Municipality or Shire.	Estimated Mean	Typl an Paraty		Scar Feve		Diphtl	neria.	Infai Paral		Cerel spii Menin	nal	Encepl Letha		Puerp Infect		Pulmo Tubero	
	Population.	С.	D.	C.	D.	С.	D.	C.	D.	С.	D,	С.	D.	С.	D.	С.	D,
					Muni	CIPALIT	IES.										
Greater Newcastle	Not	1	•••	249 33 45 15	•••	49 14 4 2	2 	•••	•••	4	•••	•••	•••	8 1 	3 1 1 		31 2 3
						SHIRES											
Bolwarra Kearsley Lake Macquarie Lower Hunter Port Stephens Harbour of Port Hunter	Not	 3	 1	1 50 88 10 6 1	1 	$\begin{array}{c} 1 \\ 10 \\ 10 \\ 3 \\ 2 \\ \cdots \end{array}$	2	1 			i i 				1 		2 3 8
Total		4	1	498	1	95	4	1	•••	6	1	•••	•••	9	6		49

Table III.—Showing the number of notified cases of, and deaths from, Cerebro-spinal Fever (Meningococcal Meningitis), Diphtheria or Membranous Croup, Encephalitis Lethargica, Infantile Paralysis (Acute Anterior Poliomyelitis), Scarlet Fever, Typhoid (including Paratyphoid), Pulmonary Tuberculosis, and Puerperal Infection, in the Remainder OF State for the year ended 31st December, 1944.

Municipality or Shire.	Estimated Mean Population.	Typl an Paraty	.d.	Scar Fev		Diphtl	neria.	Infai Paral		Cerel spir Menin	nal	Encepl Letha		Puer _I Infec		Pulm Tuber	onary culosis.
	1 opination.	С.	D.	C.	D.	C.	D.	c.	D.	С.	D.	C.	D.	C.	D.	C.	D,
					Cour	VTRY <u>.</u> N	IUNICI	PLAITI	ES.								
Albury				45		13	1		•••	2	1						5
Armidale				8		8			•••	1	•••						1
Ballina				2	•••	1			•••	•••	• • •				•••		•••
Balranald		•••	•••	1		• • •			• • •			•••				•••	2
Barraba		•••	•••	4	•••	11	•••	•••	•••		• • •	•••				•••	•••
Bathurst		•••	•••	42	•••	7	•••	•••	•••	1	•••			2	• • •	•••	2
Bega		•••	•••	•••	•••	2	•••	•••	• • •	•••	•••	•••	•••	•••	•••	•••	•••
Berry		•••	•••	••:	•••	•••	•••	•••	•••	•••	•••	•••	•••	•••	•••	•••	2
Blackheath		•••	•••	5	•••	8	1	•••	•••	•••	• • •	•••	•••	•••	•••	•••	•••
Bombala			•••	•••	•••	•••	•••	•••	• • •	•••	•••	•••	•••	•••	•••	•••	•••
Bourke Bowral		1	•••	$\frac{\cdots}{2}$	•••	•••	•••	•••	•••	•••	•••	•••	•••	•••	•••	•••	
BowralBrewarrina		•••	•••		***	•••	•••	•••	•••	•••	• • •	•••	•••	•••	•••	•••	1
Broken Hill		•••	•••	64	***	9	•••	•••	•••	•••	•••	•••	•••	•••	•••	• • • •	$egin{array}{c} 1 \\ 15 \end{array}$
Broughton Vale			• • •			•••	•••	•••	•••	•••	•••	•••	•••	•••	•••	•••	
Camden			•••	7	•••	1	•••	•••	•••	•••	•••	•••	•••	•••	•••	•••	i
Campbelltown				3		î	$\begin{array}{c c} & \cdots \\ & 1 \end{array}$				•••				• • • • • • • • • • • • • • • • • • • •	•••	î
Casino				6		$\tilde{3}$	•••		•••		•••						
Castlereagh			• • •			i	•••		•••		•••				•••		
Cobar				•••		•••	•••	•••	•••		•••				•••		2
Condobolin	Not			5		•••	•••	•••	•••	·1	•••				•••		•••
Cooma				33		•••	•••		•••		•••	•••		1	•••	•••	1
Coonamble				3		1			•••		•••			1	1	•••	$\frac{1}{2}$
Cootamundra				18		2			•••	1	1			1	•••	•••	
Corowa				$2 \mid$		4			•••			•••	•••				• • •
Cowra				73		4			•••	1	• • •		• • •	•••			•••
Deniliquin				•••		• • •			•••					• • •			•••
Dubbo			•••	14	•••	14		•••	•••	$\mid 2 \mid$	• • •		•••	,	•••	•••	5
Dungog			•••	6	•••	7		•••	•••	2	2		•••	•••	•••	•••	1
Forbes		•••	•••	20	•••	5	• • • •	•••	•••	•••	1		•••	•••	•••	•••	1
Gerringong			•••	•••		•••	•••		•••	•••	• • •	•••	•••	• • •	•••	•••	•••
Glen Innes			• • •	3	•••	2	•••	••• [• • •	• • •	•••		•••	1	•••	•••	1
Gosford		•••	• • •	5	•••	•••	•••	•••	•••		•••	•••	•••	2	•••	•••	3
Goulburn		•••	•••	41	1	17	1	•••	• • •	2	•••	1	1	•••	•••		6
Grafton		•••	•••	$\frac{23}{2}$	•••	9	•••	•••	•••	••• [•••	•••	•••	•••	•••	•••	1
Grafton South		•••	•••	$\frac{2}{z}$	• • •	3	•••	•••	•••		•••	•••	•••	•••	•••	•••	1
Grenfell		•••	•••	5	•••	1	•••	•••	•••	2	•••	•••	•••	•••	•••	•••	•••
Gunnedah			•••	4	•••	5	•••	•••	•••	•••	•••	•••	•••	•••	•••	•••	3
Hay		1	•••	$\frac{4}{11}$	•••	6		•••	•••	•••	•••	••• }	•••	•••	•••	•••	2
Illawarra North		•••	•••	11	•••	$\frac{11}{7}$	1	•••	•••	•••	•••	•••	•••		•••	•••	3
Inverell		•••	•••	5		7	•••	•••	•••	•••	•••	•••	•••	1	•••	•••	1
Junee		•••	•••	7	•••	•••	•••	•••	•••	•••	1	•••	•••	1	•••	•••	1
Katoomba		•••	•••	11	•••	ï	•••	•••	•••	•••		•••	•••	$egin{array}{c c} 1 & 1 \\ 1 & 1 \end{array}$	•••	•••	1 11
		•••	•••	6	•••	i	***	•••	•••	$\frac{\cdots}{2}$	•••	•••	•••	i	•••	•••	$\frac{11}{2}$
Kempsey Kiama		•••	***	ĭ	•••			•••	•••		•••	•••	•••	***	•••	•••	
Lismore		•••	***	21	•••	13	i	•••	•••	$\frac{\cdots}{2}$	•••	•••	•••	ï	•••	•••	1
Lithgow		• • • •	• • •	35		10	1	i	•••		•••		•••	1		• • • •	3
			••• 1	00	••••	10		- 1	••••		••••	••••		1	••• 1	••• 1	

TABLE III—continued. Remainder of State—Return showing the number of cases, etc., from Country Municipalities—continued.

Municipality or Shire.	Estimated Mean Population.	Parat	hoid nd yphoid	Scar Fev		Diphtl	neria.	Infa Paral		Cere spin Menin	nal	Encepi Letha	halitis rgica.	Puerj Infec	peral tion.	Pulm Tuber	onary culosis.
		C.	D.	C.	D.	C.	D.	С.	D.	C.	D.	C.	D.	C.	D.	С.	D.
			Co	UNTRY	Muni	CIPALIT	IES—c	ontinu	ed.								
Maelean		•••	•••	$\begin{vmatrix} 4 \end{vmatrix}$	•••	4		•••									1
Manilla		•••	• • •	15	•••	11	l	•••	•••	•••	• • •	•••			• • • •	• • •	2
Moama		•••	•••	$\frac{\cdots}{2}$	•••	8	• • •	•••	• • •	•••	•••	• • •	• • • •	•••	• • • •	• • •	•••
Moree			•••	15	•••	6	1	•••	•••	•••	***	•••	•••	•••	• • •	•••	2
Mudgee			•••		•••	•••		• • •	•••	•••	•••	•••	•••	2	•••	•••	ī
Mullumbimby		• • •	• • •			•••		•••				•••	•••		• • • •		
Murrumburrah		•••		4	• • •	•••		• • •		1							1
Murrurundi		•••	•••	1	•••		•••	• • •	•••	• • •	•••		•••		•••		1
Murwillumbah		•••	•••	4	•••	$\frac{2}{1}$	•••	•••	•••		•••	• • • •	•••	• • •			1
Muswellbrook		•••	•••	12	•••	$\frac{1}{3}$	•••	•••	•••	1	•••	•••	•••	•••	•••	•••	1
Narrandera		•••	•••	20	•••	ა 1	•••	•••	• • •	***	• • •	• • •	•••	3	•••	•••	***
Narromine		•••	•••	4	• • •		• • • •	•••	• • •	i	 1	•••	•••	_	• • •	•••	•••
Nowra		•••	•••	3	•••	3			•••			• • •	•••		•••		ï
Nyngan			•••	4	• • •	•••			•••	•••	•••	•••					
Orange Parkes		• • • •		17	•••	16	$2 \mid$		• • •	1	1		• • •		•••		4
Parkes		•••	•••	72	•••	7	•••	•••	• • •		• • •		• • •				5
Peak Hill	_	•••	•••	4	•••	1	1	•••	• • •		• • •	•••	• • •	• • •	• • •	•••	1
Penrith	,	•••	•••	34	•••	•••	•••	•••	•••	$2 \mid$	• • •	•••	***	•••	• • •	•••	3
Port Macquarie		•••	•••	4	•••	16	1	•••	•••	•••	• • •	•••	• • •	•••	• • •	•••	1
Quirindi			•••		•••			•••	•••	•••	• • •	•••	•••	1	ï	•••	•••
Richmond	Not		•••	ii		1		- :::		•••	• • •	•••	• • •			•••	•••
Scone	Available.			7			•••				•••						2
Shelharbour			•••	4		1	•••		•••		•••						•••
Shoalhaven South		•••	•••	•••	•••	1				• • •	• • •		• • •	• • •	• • •		•••
St. Mary's		•••	•••	3	•••	1		• • •	•••		• • • •		• • •	1	• • •	•••	
Tamworth		•••	•••	$\begin{bmatrix} 49 \\ 2 \end{bmatrix}$	•••	7	3	•••	•••	2	1	•••	• • •	• • •	• • •	•••	6
Taree Temora		• • •	•••	19	•••	1	•••	***	•••	•••	• • •	•••	• • •	•••	• • •	•••	•••
Tenterfield	-		•••	6	•••		•••	•••	•••				• • •	1	• • •	•••	i
Ulladulla			•••	2			•••								• • •		ĩ
Ulmarra				3		2	• • •				• • •		•••	•••			
Uralla		•••					•••				• • •		• • •	• • •		•••	1
Wagga Wagga		•••		63	•••	1	•••	•••	•••	•••	• • •	•••	•••	• • •	• • •	•••	3
Walcha		•••	•••	4	•••	1	•••	•••	•••				• • •	•••	• • •	•••	1
Warren		•••	•••	5 5	•••	$\begin{bmatrix} 1 \\ 2 \end{bmatrix}$	•••	•••	•••	1	1	•••	•••	•••	•••	•••	***
Wellington		•••	•••	4	•••	7	•••	•••	•••	•••	• • •	•••	• • •	 1	•••	•••	•••
Wilcannia									• • • •		•••		• • •		• • • •	• • •	ï
Windsor		•••	•••	13											• • •		3
Wingham		•••			•••					•••	• • •	•••			• • •	• • •	•••
Wollongong		•••	•••	19	•••	15	1	•••	•••	$2 \mid$	•••	•••	• • •	1	1	•••	2
Yass		•••	•••	$\frac{6}{5}$	•••		•••	•••	•••	•••	•••	•••	•••		•••	•••	•••
Young		•••		5	•••	$2 \mid$	•••	•••	•••	•••	•••]	•••	•••	1	•••	•••	•••
Total Municipalities		2		996	1	311	17	1	•••	30	10	1	1	24	2	•••	128

Typhus Fever: Grafton Municipality, 3; Lismore, 1; Murwillumbah, 1.

REMAINDER OF STATE.—Return showing the number of cases, etc., from Country Shires.

Shires.	Estimated Mean Population.	Typl an Paraty	ıd	Scar Feve		Diphtl	neria.	Infa Paral		Ccre spin Menin	nal	Encep Letha		Pueri Infec		Pulm Tuber	onary culosis.
	opulation.	С.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	С.	D.	С.	D.
					Co	UNTRY	SHIRI	ES.									
Abercrombie	1		!	14		3			٠	1 1	2	l					
Amaroo			•••		•••	ĩ		•••			-		:::				***
Apsley			•••	ï		î					•••						•••
Ashford						î	•••				•••]		***	•••
Barraba			•••	•••		î	•••	• • •	•••					1		•••	• • •
Baulkham Hills	1	•••	•••	9	•••	$\overset{\cdot}{2}$	•••	•••	•••	•••	•••	***		•••	•••	•••	1
	-	•••	•••	ĭ	•••	$\frac{1}{2}$	•••	***	•••	•••	•••	•••	•••	•••	•••	• • • •	
		•••	•••	$\frac{1}{7}$	•••	5	ï	•••	•••	 1	ï	•••	•••		•••	• • • •	•••
Berrigan		•••	•••	- 1	•••			•••	•••			•••	•••	• • • •	•••	***	1
Bibbenluke	NTo4	•••	•••	T	•••	3	•••	• • •	•••	•••	•••	***	• • • •		• • • •	•••	1
Bingara	Not	•••	•••	$\frac{\cdots}{22}$	•••	$\begin{bmatrix} 3 \\ 3 \end{bmatrix}$	•••	• • •	•••	•••	• • •			• • • •	• • • •	• • •	· · · ·
Blacktown	vana bie.	•••	•••		•••	0 1	1	•••	•••	•••	•••	•••		•••	• • •	•••	5
Bland		•••	•••	10	•••	1	1	•••	•••	•••	• • •	•••		•••	•••	•••	
Blaxland		•••	•••	5	•••	$\frac{5}{2}$	•••	•••	• • •	•••	• • •	1 1		•••	•••		2
Blue Mountains		•••	•••	12	•••	3	•••	•••	•••	•••	• • •	1	•••	•••	•••		11
Bogan		•••	•••	•••	•••	•••	•••	•••	•••	•••	• • •	•••		• • • •	• • •	•••	
Boolooroo		•••	•••		•••	1	•••	•••	• • •	• • •	• • •	• • •	•••	• • • •			1
Boomi			•••	1	•••	4	•••	•••	•••	•••	• • •	•••	•••		• • •	}	• • •
Boorowa		•••	•••	:::	•••	•••	•••	•••	• • •	1	• • •		•••		***	• • • •	•••
Boree			•••	11	• • •	3	•••	• • •	•••		• • •		•••	Ţ	• • •		1

Table III—continued.

Remainder of State—Return showing the number of cases, etc., from Country Shires.—continued.

Municipality or Shire.	Estimated Mean	Typh an Paraty	d	Scarl Feve		Diphth	eria.	Infan Paraly		Cereb spin Mening	al	Eneeph Lethar		Puerp Infec		Pulm Tuber	onary culosis
	Population.	С.	D.	c.	D.	С.	D.	С.	D.	С.	D.	C.	D.	С.	D.	С.	D.
		·		Co	UNTR	y Shiri	es—coi	itinued									
BulliBurrangong				$\begin{bmatrix} 10 \\ 4 \end{bmatrix}$		$\begin{bmatrix} 7 \\ 2 \end{bmatrix}$	1			1	1		•••	1	1		15
Byron				1		3	1		• • •		1		• • •		• • •	•••	1
Cambewarra				9		2	1		• • •	1			•••		•••	•••	4
Carrathool		1	1	8		$=\frac{7}{2}$									•••		i
Clyde		•••	• • •	1	• • • •		•••		•••		•••		• • •	•••	• • •	•••	•••
Cobbora		•••	•••	4	•••	$\begin{bmatrix} 6 \\ 4 \end{bmatrix}$			• • •		• • •	•••	• • •	•••	• • •	•••	1
Cockburn			• • •	5	• • •				•••		• • •		•••	• • •	•••	•••	1
Conargo		•••	•••		• • •		•••	•••	• • •		• • •		•••	•••	• • •		
Coolah		•••	•••	$\begin{bmatrix} 1\\21 \end{bmatrix}$	• • • •	$\frac{\cdots}{2}$	•••		• • •	3	• • •	•••	•••	•••	•••	•••	2
Coolamon		•••		10		$1\overline{0}$	2		•••	î	• • •		• • •	2	•••		
Copmanhurst			• • •	3	• • •	1			• • •				• • •	•••			
Coreen		• • •	•••	27	 1	$\begin{bmatrix} 3 \\ 1 \end{bmatrix}$	•••	•••	•••	$\frac{\cdots}{2}$	• • •	• • •	• • •	•••	• • •	•••	•••
Crookwell			•••	11		$\frac{1}{2}$			• • •		• • •		•••		1		2
Culcairn			•••	10	•••	4	1		• • •	1	1		•••		•••		
Demondrille		•••	•••	15	•••	$\frac{1}{7}$	 1	•••	•••		•••		•••	 1	•••	• • • •	1 1
Dorrigo				15	•••	$\frac{7}{2}$					•••		•••		•••	•••	1
Erina				3	•••	7	1	•••	•••	1	ĩ	•••	•••	2			2
Eurobodalla			•••	$egin{array}{c c} 4 & \\ 1 & \end{array}$			•••	• • •	• • •	1	• • •	•••	• • •	•••	•••	•••	
GilgandraGloucester				$\begin{bmatrix} 1\\2 \end{bmatrix}$	• • •	1			•••		• • •	•••			•••		1
Goobang			•••	30	•••		•••	•••	• • •		•••		•••				
Goodradigbee			•••	4			•••	•••	• • •		•••	•••	•••	1	•••	•••	1
GostwyckGulgong				$\begin{bmatrix} 5 \\ \dots \end{bmatrix}$	1	$\begin{array}{c c} & 1 \\ & \dots \end{array}$	• • •		•••	•••	• • •	•••	• • •	•••	•••	•••	1
Gundagai			•••	7	•••	•••	•••		•••	1	•••			i	•••	•••	
Gundurimba			• • •	2	•••	1	• • •	• • •	•••	1	• • •	• • • •	• • • •	•••	•••	•••	
Gunning		•••	•••	$\begin{vmatrix} 1 \\ 3 \end{vmatrix}$	• • •	1	•••	•••	•••	•••	•••	•••	•••	•••	•••	• • • • • • • • • • • • • • • • • • • •	•••
Guyra Harwood			• • •	10	•••	5	• • • •		• • •				•••		•••		i
Hastings			• • •	1	• • •		•••		•••		• • •		•••	1	•••		
Holbrook		•••	•••	$\begin{bmatrix} 1\\8 \end{bmatrix}$	•••	1	•••	•••	•••	•••	• • •	•••	•••	•••	•••		3
HumeIllabo				1	•••	1		l	•••	1	•••	•••		•••			
Illawarra, Central			•••	12	• • •	5	•••	• • •	• • •	2	1	•••			•••		3
Imlay	Not			7	• • •	•••	•••	•••	•••	•••	•••		•••	•••	•••		1
Jemalong Jerilderic	Avanable.	•••		í	•••			•••	• • •	•••	•••		•••	•••			2
Jindalec				8		2	•••	•••	•••								
Kyeamba		•••	•••	$\begin{array}{c} 6 \\ 4 \end{array}$	•••	$\frac{2}{7}$	2	•••	•••	•••	•••	•••	•••		•••		•••
KyogleLachlan			• • •	'±	•••	í		***			•••			1		•••	
Liverpool Plains		•••	•••	5	• • •	2	• • •	•••			•••						1
Lockhart		•••	•••	15	•••	•••	•••	•••	•••	1	•••		•••		•••	•••	
Lyndhurst Macintyre		•••	•••	$\begin{bmatrix} 14 \\ 5 \end{bmatrix}$	•••			•••	•••	•••	•••	1	i	1		•••	1
Macleay		•••	•••	4	•••	1	1		•••	1							
Macquarie		•••	•••	$\frac{3}{7}$	•••	7		• • • •	•••	1	1	•••		•••		•••	2
Mandowa			•••		•••	8	2	•••		•••	•••	•••		•••		•••	$\begin{vmatrix} 1 \\ 2 \end{vmatrix}$
Marthaguy				2	•••						•••					•••	
Merriwa	,	•••	•••	9	•••		•••	•••			•••	•••	•••		•••	•••	2
Mitchell			•••				•••		•••	1	•••	•••		•••			
Mulwaree	,			6	•••				•••						•••	•••	
Mumbulla		•••	•••	1	•••	1	•••	•••	•••		•••		•••	•••		•••	•••
Murray			•••	1	•••	4	•••		•••					•••	•••		•••
Nambucca	,		•••	•••	•••				•••	i	1	•••				•••	i
Namoi				1 95	•••	2	1	1	• • • • • • • • • • • • • • • • • • • •	•••	•••	•••	•••		•••		
Narraburra Nattai			•••	$\begin{array}{ c c c }\hline 25\\ 19\\ \end{array}$		 1	1					•••	•••		•••		l "i
Nepean	.			2		2		•••		•••	• • • • • • • • • • • • • • • • • • • •	•••					1
Nundle		•••			•••					1	1						
Nymboida Oberon		•••	•••	$\frac{2}{23}$	•••	2					•••	•••	•••		•••	•••	•••
Orara				.7	•••	1						• • •		•••	•••	•••	
Patrick Plains				5	•••				•••			•••					1
Peel		•••		$\begin{array}{ c c }\hline 7\\25\\ \end{array}$		$\frac{3}{2}$	•••	1		•••	• • • • • • • • • • • • • • • • • • • •	•••		•••	•••	•••	
Severn		•••		1		1	•••				•••	•••		•••	•••	•••	2
Snowy River	-			20	•••	•••	•••	•••						†			
Stroud	•	•••		11 53	•••	$\begin{vmatrix} 3\\14 \end{vmatrix}$	1	•••	•••	$\frac{2}{1}$	• • • •	•••					
Talbragar		•••	•••	95	•••	2			•••	1		•••		1			6
Tallaganda		• • • •	• • •	•••	•••	•••	•••		•••								
	T	1		1		1	1.		1	1			1	1	1	I.	1

REMAINDER OF STATE—Return showing the number of cases, etc., from Country Shires—continued.

Municipality or Shire.	Mean	Typl an Paraty	d	Scar Fev		Diphtl	ieria.	Infa Paral		Cere spir Menir			halitis rgica.	Puer Infec			nonary reulosis.
	Population.	С.	р.	С.	D.	C.	D.	C.	D.	C.	D.	C.	D.	С.	D.	C.	D.

COUNTRY SHIRES—continued.

Tamarang			• • •	• • •	• • •	• • •	• • •	 • • •		• • •	• • •	•••		• • • •	• • •
Tenterfield	• • • •		• • •	• • •	• • •	•••	• • •	 	• • •	• • •	•••	• • •	• • •	• • •	• • •
Terania			4		9	1	• • •	 2				1		• • •	1
Timbrebongie	1				1		• • •	 1							1
Tintenbar			4		3	• • •		 2	1						•••
Tomki					1			 	1						
Tumbarumba			1		10			 							
Tumut			13	• • •	9	1		 2	2						
Turon			8	• • •	4			 1	1						
Tweed			2		1			 				2			2
Upper Hunter			5		3			 							2
Urana								 							
Wade			33	1	21			 							3
Wakool					1			 							
Walgett			1	1	3			 	•••						
Wallarobba			13		2			 • • •							•••
Waradgery Not								 		• • •					
WarrahAvailable.			1					 	• • •	• • •					1
Waugoola			38		1			 2		• • •		1	•••		1
Weddin								 							
Willimbong			30		3			 1	• • •						3
Windouran								 		• • •					•••
Wingadee			3		2	1		 	• • •	• • •					1
Wingecarribee			15	• • •				 							•••
Wollondilly			5				•••	 1						•••	***
Woodburn	٠		1		1			 2		• • •	• • • •				
Woy Woy			8		2			 	1	• • •					1
Yallaroi				• • •				 	• • •				• • • •		•••
Yanko			7	• • •	1			 					•••		
Yarrowlumla			6		4	1		 	• • •	• • •				•••	1
•								 							704
Total, Shires	2	1	827	4	276	22	3	 43	17	2	1	17	3	•••	104
						1	1				i	1			

Western Division (Unincorporated) Police Districts.*

Balranald	1		•••				•••	•••	• • •	• • • •	•••	• • •	• • •	•••	•••	•••	• • •
Bourke				1	• • •	•••	•••	• • •	• • •	•••	•••	• • •	• • •	•••	• • • •	• • • •	• • •
Brewarrina						• • •		• • •	• • •	• • • •	• • •	•••	• • •	• • • •	• • • •	••••	• • •
Broken Hill			• • •		• • •	• • •	•••	•••	• • •	•••	•••	•••	• • •	•••	•••	•••	* * *
Cobar			• • •			• • •	• • •	• • •	• • •	• • •	•••	• • •	•••	•••	• • •	•••	•••
Hav					• • •	• • •	• • •	• • • •	• • •	•••	•••	• • •	• • •	•••	• • •	•••	•••
Hillston	Not		•••				•••	•••	•••	• • •	•••	• • •	***	•••	• • •	•••	•••
IvanhoeA	vailable.				• • •	• • • •	•••	• • • •	•••	• • •	•••	•••	• • •	•••	• • •	•••	• • •
Menindie			•••			•••		•••	•••	• • • •	•••	• • •	•••	***	• • •	• • • •	•••
Mitchell		• • •	•••		• • •	•••	• • • •	• • •	•••	• • •	•••	• • •	• • •	• • •	• • •	•••	• • •
Nyngan	1	• • •			•••	•••			•••	• • • •	•••	•••	• • • •	•••	•••	•••	• • •
Walgett	į	• • •	•••	•••		$\frac{2}{2}$	•••	•••	•••	•••	• • •	***	•••	•••	•••	•••	• • •
Wentworth			•••		•••	1	• • • •	• • • •	•••	• • • •	• • •	***	•••	•••	• • • •	•••	•••
Wilcannia		• • •		•••			• • • •	•••	•••	• • • •	•••		•••	•••	•••		•••
agent											1						4
Total, Unincorporated				1	• • •	3		•••	• • •	•••	1	• • •	•••	•••	•••	•••	7

^{*} Deaths available only for unincorporated area as a whole.

MISCELLANEOUS.

• • •

• • •
• • • •
•••
005
825
-

Table Showing Age and Sex Incidence, and Mortality, in the Metropolitan Combined District, Hunter River Combined District, Broken Hill District, and Remainder of State, from the notified cases of Cerebro-spinal Fever (Meningococcal Meningitis), Diphththeria and Membranous Croup, Infantile Paralysis (Acute Anterior Poliomyelitis), Encephalitis Lethargica, Scarlet Fever, Typhoid Fever (including Paratyphoid) and Pulmonary Tuberculosis, Puerperal Infection, for the year ended 31st December, 1944.

Infection.	Mortality.	Notified Deaths.	Н		15	:: [4.0.10 : : : :	9	 	:		2	
Puerperal Infection	Incidence.	Notified Cases.	.H		155	1667	6	Not Available.	:	111111111	41	110 111 111 111 111 111 111 111 111 111
erculosis.	Mortality.	Notified Deaths.	F. Total.		4 186 540 H		4 15 49	24 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	9 6 15		1 70 221	115 19 34 115 19 34 116 50 34 117 44 118 19 34 11 44 118 50 39 11 44 118 50 39 11 44 118 50 39 118 50 30 118 50 118 50 30 118 50 30 118 50 30 118 50 30 118 50 118 50 118 50 118
Pulomonary Tuberculosis.	Incidence.	Notified Cases.	F. Total, M.		354	10.5 8 4 4 5 3 1 5 5 6 5 6 5 6 5 6 5 6 5 6 5 6 5 6 5 6	34		:		2 3 151	
	Mortality.	Notified Deaths.	F. Total. M.		111 30	0.4 0. 1 1 1 1 1 1 1 1 1	1		: = : :		13 28 1 1	2 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Ccrebro-spinal Meningitis.	Incidence. M	Notified N Cases. D	F. Total. M.		36 93 19	4 01 01 01 01 01 01 01 01 01 01 01 01 01	6 1		: :		30 73 15	2 116 6 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Mortality. In	Notified N Deaths.	Total. M.		129 11 11 121	10000000000000000000000000000000000000	: :		: = : :		1, 2, 43	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ephalitis Lethargica.	ence.	fled es.	Total. M. F.		: : : : : : : : : : : : : : : : : : : :		: - : :		: -		- 1	
Ence	lity. Incide	fied Noti	Total. M. F.	ED DISTRICT.	2	<u> </u>	: : =	DISTRICT	:	STATE	: : :	
Infantile Paralysis.	ice. Mortality.	ed Notified Deaths.	Total, M. F.	LITAN COMBINED	10 2	2 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1		:	REMAINDER OF ST	4	1112
Infa	7. Incidence.	Notified Cases.	Total. M. F.	METROPOLITAN	26 4 6	152 169 179 189 189 189 189 189 189 189 189 189 18	4		=		39 2 2	2.2 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Diphtheria.	Mortality	Notified Deaths.	Total. M. F. To		717 9 1717	2552 35539 35539 35539 35539 35539 37539 3	95, 4	 : : : : : : : : : : : : : : : : : :	₆	21-01	581 21 18	215 2229 7 4 44 1 38 1 12 1 2 1
Dip	Incidence.	Notified Cases.	M. F. To		329 388	127 127 132 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_	Not Available.	8 9	:0144	267 314	8 110 110 119 15 29 8 30 7 7 12 1 12 2 4 4 5
ver.	Mortality.	Notified Deaths.	M. F. Total.		2 3		1 1		:		2 3	:01 : : : : : : : : : : : : : : : : : :
Scarlet Fever	Incidence.	Notified Cases.	F. Total.		1,996, 3,296	7 400 7 400 7 1,120	498	Not	5 39 64	252 388 38 38 38 38 38 38 38 38 38 38 38 38	8,1,102, 1,760	247 468 5 579 905 132 187 70 89 10 14 8 8 8 8 11 1
nd d.	Mortality.	Notified Deaths.	F. Total. M.		1 3 1,300	397 397 1 2 397 1 39 1 39 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11 11 1		25		1 658	221 326 55 19 119 115 115 115 115 115 115 115 1
Typhoid and Paratyphoid.	Incidence. Mo	Notified. N	F. Total. M.		$\begin{vmatrix} 7 & 9 \\ & \end{vmatrix} = 16 \begin{vmatrix} 2 \\ & 2 \end{vmatrix}$: : : : : : : : : : : : : : : : : : :	4	Not able	:		8 1	
	I		M.		All ages	Under 1 year	All Ages	Under 1 year. 1 - 4 years 5-14 N. 25-34 Av. 35-44 ab. 45-54 ab. 55-64 ab. 55-64 ab. Not stated	All ages	Under I year. 1	All ages	Under 1 year

Table IV—continued.

		Mı	ETROPOL		REMAINDER OF STATE.						
Typhus Fever.	М.	F.	Total.	Undulent Fever.	М.	F.	Total.	Typhus Fever.	М.	F.	Total.
All ages Under 1 year 1- 4 years 5-14 ,, 15-24 25-34 , 35-44 ,, 45-54 ,, 65 and over Not stated	1 2 3 6 2 4	6 1 2 3	 1 3 3 6 4 7	All ages Under 1 year 1- 4 years 5-14 ,, 15-24 ,, 25-34 ,, 35-44 ,, 45-54 ,, 55-64 ,, 65 and over Not stated	1		1 	All ages Under 1 year 1- 4 years 5-14 ,, 15-24 ,, 25-34 ,, 35-44 ,, 45-54 ,, 65 and over Not stated	2 1 1 2	2	8 2 1 1 1 1 3

TABLE V.—Showing the seasonal prevalence of Cerebro-spinal Fever, (Meningococcal Meningitis), Diphtheria, and Membranous Croup, Infantile Paralysis (Acute Anterior Poliomyelitis), Encephalitis Lethargica, Scarlet Fever, Typhoid Fever (including Paratyphoid), Pulmonary Tuberculosis, and Puerperal Infection in New South Wales for the year ended 31st December, 1944.

Month.	Metrop Comb Distr	oined	Hunte Comb Dist		Broke Dist		Remair Sta		То	tal.
	C.	D.	. C.	D.	C.	D.	C.	D.	C.	D.
				Typho	id and Para	atyphoid Fe	ver.			
January	1 5	$\frac{\cdots}{2}$			•••	•••	$\begin{vmatrix} 1\\1 \end{vmatrix}$		•••	
February March	$\begin{bmatrix} 3 \\ 2 \end{bmatrix}$.•	•••	•••	•••			•••	•••
April	1	•••	Not Available.	•••	•••	•••	1		•••	•••
May June	$\frac{\cdots}{2}$		aila	•••	•••	•••	•••	• • •	•••	• • •
July	ī	1	Av		•••		•••	•••		1
August		•••	o t		•••	•••	•••	•••	•••	•••
September October	1	•••	Z		•••	•••		•••	•••	• • •
November	2				•••	•••	•••	•••		
December	1	•••		1	•••	•••	•••	•••	•••	1
Total	16	3	4	1			4	1		5
			-		Scarlet Fe	ever.				
January	117				4	•••	108	•••		•••
February March	141 189	•••		•••	7 1	•••	$\begin{array}{c} 139 \\ 175 \end{array}$	2	•••	2
April	$\frac{133}{172}$	•••	ole.	•••	5	•••	170	• • •	•••	• • •
May	324	1	Not Available.	•••	6	•••	192	1	•••	2
June July	$\begin{array}{c} 306 \\ 297 \end{array}$	•••	Ινα	•••	$\frac{4}{1}$	•••	$\begin{array}{c} 113 \\ 135 \end{array}$	•••	•••	•••
August	391	3	ot 4	•••	1	•••	117		•••	3
September	328	•••	ž	•••	$\frac{2}{8}$	•••	$\begin{array}{c} 115 \\ 106 \end{array}$	1	•••	1
October November	$\begin{array}{c} 363 \\ 361 \end{array}$				6	• • •	158	• • •	•••	1
December	307	•••		1	19	•••	232	1	•••	2
Total	3,296	5	498	1	64		1,760	5		11
					Diphtheria	ì.	•			
January	44	1			•••		43	2		3
February	74	4		1	•••	•••	$\frac{54}{102}$	$\frac{6}{3}$	•••	11 4
March	75 88	$egin{array}{c} 1 \ 2 \end{array}$	le.	•••		•••	$\frac{102}{54}$	3 4	•••	6
May	60	3	Not Available.		2	•••	90	7	•••	10
June	54	$\frac{3}{2}$	vai		1	* * *	$\begin{array}{c} 53 \\ 41 \end{array}$	3 5	•••	6 8
July August	$\begin{array}{c} 41 \\ 28 \end{array}$	$\frac{2}{3}$	t A		•••	• • •	30	1	•••	4
Scptember	60	3	No	1		•••	23	2	•••	6
October	54 76	3		•••	1 1	•••	$\begin{array}{c} 22 \\ 34 \end{array}$	$\frac{1}{3}$	•••	$\frac{1}{6}$
November December	63	1		1	1	•••	35	$\frac{3}{2}$		$\overset{\circ}{4}$
Total	717	26	95	4	9	•••	581	39	•••	69

Table V—continued.

Month.	Com	politan bined tricts.	Hunter Comb Distr	oined	Broke Dist		Remain Sta	der of	Tota	ıl.
	C.	D.	C.	D.	C.	D.	C.	D.	с.	D.
				Infantil	e Paralysis.	-				
January	•••	1		•••	•••	•••			•••	
February March	$\frac{\cdots}{2}$	1		•••	•••	• • •	•••		•••	1
April	l		.	• • •	•••	•••				•••
May June		•••	la bl	•••	•••	•••	•••	•••	•••	•••
July	î		Available.	• • •	•••	•••	•••		•••	•••
August	${2}$			•••	•••	•••		•••	•••	***
October	•••	•••	Not	•••	•••	•••	•••		•••	•••
November	$\frac{2}{1}$	•••		•••	•••	•••		•••		•••
December					•••	•••				•••
Total	10	2	1			•••	•••		•••	2
				Cerebro-Sp	inal Mening	itis.				
fanuary	$\begin{array}{c} 13 \\ 6 \end{array}$	4 5			•••		•••	$\begin{vmatrix} 2 \\ 3 \end{vmatrix}$		6 8
February	Ծ 5			•••	•••	•••	•••	1	•••	1
April	4	2	e e	•••	•••	•••	•••	1		$\frac{1}{3}$
fay	7 8	1 4	Available.	•••	• • •	•••	•••	$\begin{bmatrix} & 6 \\ 2 & \end{bmatrix}$	•••	$\frac{7}{6}$
uly	12	3	vai	1	•••	•••	•••	3		7
August	$\begin{array}{c} 13 \\ 5 \end{array}$	$\frac{3}{2}$	t A	•••	•••	•••		$\begin{bmatrix} 1 \\ 5 \end{bmatrix}$	•••	$\frac{4}{7}$
October	9	4	Not		•••	•••		1		5
November	$\frac{5}{6}$	2		•••	•••	•••		3		$\frac{3}{2}$
		-	0		•••		•••		•••	
Total	93	30	6	1	•••	•••		28	•••	59
			E 1	ncephalitis]	Lethargica.					
anuary	•••	•••		• • •	• • •	•••	•••		•••	•••
Iarch	•••	•••		•••	•••	•••		•••	•••	•••
April May	•••	•••	ole.	•••	•••	•••	•••		•••	•••
une	•••	•••	Available.	•••	•••	•••	•••		•••	•••
fuly August	•••	•••	Ava	•••	•••	•••	•••	•••	•••	•••
September \dots	• • •	•••	Not 7	•••	•••	•••		"1	•••	1
October November	• • •	•••	ž	•••	•••	•••	•••			
December	• • •	•••		•••	•••	• • •	•••		•••	
Total	•••	-				•••		2		2
		1	1				1		1	
9n119 <i>n</i> 17		1 41	P	ulmonary T		9	1	1.0		go.
fanuary	•••	41 43		4 1	•••	$\begin{bmatrix} 2 \\ 1 \end{bmatrix}$	•••	$\begin{bmatrix} 16 \\ 18 \end{bmatrix}$	•••	$\begin{array}{c} 63 \\ 63 \end{array}$
farch	•••	40		3	***	1	•••	17	•••	61
AprilIay	• • •	58	ble.	6 5	•••		•••	18 16	•••	64 80
une	• • •	49 53	Available.	3 6	***	•••		32	•••	84
ulyugust	•••	46	Ave	4	•••		•••	$\begin{vmatrix} 14\\21 \end{vmatrix}$		73 74
eptember	•••	37	Not	3	•••	1		14	•••	55
October	•••	44 47	2	$\frac{4}{6}$	•••	$egin{array}{c} 1 \\ 4 \end{array}$	•••	$\begin{array}{c c} 12 \\ 23 \end{array}$	•••	61 80
December	•••	42		4	•••	1	•••	20	•••	67
Total	•••	540		49		15		221		825
		•	1	Puerperal In	efection				1	
anuary	12	•••		t derperat 11.						•••
'ebruary Iarch	19 17	4 2			•••	•••		1		5 3
April	14	1	n'	•••	•••	•••	•••	1	•••	2
Iay	$rac{7}{6}$	1	able		•••	•••	•••		•••	1
uneuly	10	•••	Available.		• • •	•••	•••	1	•••	1
August	$\begin{array}{c} 19 \\ 12 \end{array}$	2		1	•••	•••				3
eptember	10	4	Not	•••		•••		1	•••	5
Jetober		1		2			1			4
October	17	1			•••	•••	•••	1	•••	
November December	12			1	•••	•••	•••		•••	1

SUMMARY.

District.	Typ Fev		Scar Fev		Diphtl	ieria.	Infai Paral		Cerel spir Menin	nal	Encer iti Lethar	s l	Puerț Infect			onary culosis.
	C.	D.	C.	D.	С.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.
Metropolitan Combined Sanitary District Hunter River Combined District Broken Hill District Remainder of State— Municipalities Shires Unincorporated Lord Howe Island A.C.T.	16 4 	3 1 1 	3,296 498 64 932 827 1	5 1 1 4 	717 95 9 302 276 3 	26 4 17 22 	10 1 1 3 	2	93 6 30 43 	30 1 10 17 1 	1 2 	 1 1 	155 9 24 17 	15 6 2 3 		540 49 15 113 104 4
Total	24	5	5,618	11	1,402	69	15	2	172	59	3	2	205	26	•••	825

^{††} Deaths from notifiable forms only.

SECTION 1.

A.—COMMUNICABLE DISEASES, 1945.

Notifiable Infectious Diseases Recorded in New South Wales during the year ended 31st December, 1945.

Public Health Acts, 1902-1944.

The Public Health Act, 1902, provides that the Governor may, by proclamation in the Government Gazette, declare that any disease therein named is an infectious disease.

				Cases and	Deaths Not	ified.	
Disease.	Notifiable from.		1943.		1944.		1945.
		Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Typhoid Fever (and Paratyphoid) Scarlet Fever Diphtheria or Membranous Croup Bubonic Plague Infantile Paralysis (including any form of acute Anterior Poliomyelitis, Polioencephalitis or Poliomyeloencephalitis). Epidemic Cerebro-spinal Fever (Meningococcal meningitis). Encephalitis Lethargica Cholera Typhus Fever Yellow Fever	1st April, 1926 12th August, 1927 12th August, 1927 12th August, 1927	24 3,940 2,268 25 400 8 16	4 13 99 2 89 2 	24 5,618 1,402 15 172 3 33	5 11 69 2 59 2 2	29 6,977 1,478 668 117 3 26	2 6 84 47 29 4 3
Puerperal Infection Undulant Fever Leprosy	16th August, 1929 13th August, 1937 25th February, 1938	224 2 8	45* 1 1	$205 \\ 1 \\ 7$	26* } 	151 2 3	13* 1
Total	6,915 2,85	258 64,862	7,480	176	9,454	189	

^{*} See text below.

Public Health Act, 1902-1944.

A total of 9,454 cases of infectious diseases was notified under the Public Health Act, 1902-1944, during 1945, or 1,974 more cases than in 1944. The number of cases notified from the 152 municipalities, 138 shires and the unincorporated portion of the Western Division; the deaths due to these infections; the age and sex of the patients, and the seasonal incidence of the various diseases are shown in appended Table I-V (pp. 59-68). As indicated below, pulmonary tuberculosis is notifiable under the Public Health (Amendment) Act, 1915, and venereal diseases under the Venereal Diseases Act, 1918.

Typhoid Fever.—In 1945 there were twenty-nine cases notified and two deaths. The incidence of this disease was slightly higher than in 1944, when there were twenty-four cases and five deaths.

Scarlet Fever.—There were 6,977 notified cases, and six deaths, an increase of 1,359 cases as compared with 1944, when 5,618 cases and eleven deaths were recorded.

Diphtheria.—There were 1,478 notified cases and eighty-four deaths in comparison with 1,402 cases and sixty-nine deaths in 1944.

Infantile Paralysis.—Six hundred and sixty-eight cases and forty-seven deaths were notified. In 1944 there were fifteen cases and two deaths.

Puerperal Infection.—One hundred and fifty-one cases were notified or fifty-four less than in 1944. The recorded deaths from puerperal septicaemia and post-abortive sepsis in 1945 numbered thirteen, which does not include sixteen deaths from sepsis classed as criminal abortion. Under the revised International List of Causes of Deaths which came into use in 1940, puerperal thrombophlebitis, embolism and sudden death are included as subdivisions of the "infection" group but to maintain comparability with previous years such deaths are omitted here and shown separately in the following pages. There were thirteen deaths in this additional group.

Cerebro-spinal Meningitis.—One hundred and seventeen cases and twenty-nine deaths were reported in 1945. In 1944 there were 172 cases and fifty-nine deaths.

Encephalitis Lethargica.—Three cases and four deaths were notified compared with three cases and two deaths in 1944. Deaths exceeded cases in 1945 because one death was recorded for which no case notification was received.

Undulant Fever.—On 13th August, 1937, a proclamation was issued making undulant fever notifiable on and from that date. Two cases and no deaths were notified in 1945.

Bubonic Plague.—No case of this disease has been reported since June, 1923. Rat-catchers are continuously employed in the vicinity of wharves and in the city area. Plague was not detected in the 2,521 rats examined in the Microbiological Laboratory.

Smallpox.—No case was reported during 1945.

Leprosy.—Three cases and one death of leprosy were notified in 1945. For the Report on Leprosy in New South Wales see page 133.

Public Health (Amendment) Act, 1915.

Pulmonary tuberculosis was made a notifiable disease under an amendment of the Public Health Act in 1915. In 1945 registered cases amounted to 1,688, a decrease of fifty-five on the registrations received in 1944. There were 803 deaths, or a decrease of twenty-two compared with the deaths recorded in 1944. A survey of the Director of the Tuberculosis Division is on page 109.

VENEREAL DISEASES ACT, 1918.

Cases of venereal disease notified in 1945 numbered 4,562, an increase of 152 cases on the number (4,410) received in 1944. The Report of the Director of the Division is on pages 80-82.

Table I.—Showing the number of notified cases of, and deaths from, the following diseases:—Cerebro-spinal Fever (Meningococcal Meningitis), Diphtheria and Membranous Croup, Encephalitis Lethargica, Infantile Paralysis (Acute Anterior Poliomyelitis), Scarlet Fever, Typhoid Fever (including Paratyphoid), Pulmonary Tuberculosis, and Puerperal Infection in the Metropolitan Combined Districts for the year ended 31st December, 1945.

Municipality or Shire.	Estimated Mean Population.	Typho Paraty		Scar Fev		Dipht	heria.	Infar Paral		Cere spii Menin	nal	Encep Letha		Puer Infec		Tu	nonary ber- osis.
		C.	D.	C.	D.	C.	D.	C.	D.	3.	D.	C.	D.	C.	D.	C.	D.

METROPOLITAN MUNICIPALITIES.

Sydney, City of 99 44 2 19 7 1 23	55
Alexandria	5
Annandale	1
Ashfield	11
Auburn	8
Balmain 10 1 3 1 1 1	18
Bankstown 127 49 1 10 2 1 2	9
Bexley	7
Botany	2
Burwood 26 7 1 2 1 7	8
Canterbury	19
Concord 43 7 22 1 1 3	5
Darlington	5
Drummoyne 1 1 1 1 1	9
Dundas	2
Eastwood 12 1 1 1 1	1
Enfield	
Ermington and	
Rydalmere	
Erskineville	7
Glebe 5 1	9
Granville	11
Holroyd (Pitt and	
Merrylands Wards) Not 1	2
Homebush	2
Hunter's Hill	3
Hurstville	11
Kogarah	11
Ku-ring-gai	29
Lane Cove	4
Leichhardt	5
Lidcombe	16
Manly 92 92 5 1 2	4
Marrickville	18
Mascot	3
Mosman	7
Newtown	18
North Sydney 116 31 15 1 1 1 2	22
Paddington	10
Parramatta	15
Petersham	9
Randwick	32
Redfern	7
Rockdale	15
Ryde 91 9 1 1 1 3	8
St. Peters	2
Strathfield	6
Vaucluse	2
Waterloo	7
Waverley	16
Willoughby	17
Woollahra 1 70 9 1 11 4	16

Undulant Fever. Eastwood Ku-ring-gai	•••	 •••	1 1
0.0			$\frac{}{2}$

77 T?				
yphus Fever.				
Ashfield		• • •	• • •	1
Auburn		• • •		1
Botany				2
Canterbury		•••		1
Concord		• • •		5
Marrickville		• • •		1
Randwick		• • •		1
St. Peters			• • •	1
Waterloo				1
Hornsby Shi	re			1
Liverpool M		ality		1
r	1	3		
				1.0
				16

Table I—continued.

Metropolitan Combined Districts.—Return showing the number of cases, etc., from Extra Metropolitan Municipalities.

Municipality or Shire.	Estimated Mean	Typho Paraty		Sca: Fev		Dipht	heria.	Infa Paral			ebro- nal ngitis.		halitis rgica.		peral	Tu	ionary ber- osis.
	Popuation.	С.	D	С.	D.	С.	D.	С.	D.	C.	D.	С.	D.	C.	D.	С.	D.
				EXTR	A ME	ropol	ITAN .	MUNIC	IPALIT:	IES.							
Cabramatta and Canley Vale Fairfield Holroyd (Guildford and Wentworth Wards) Ingleburn Liverpool	Not Available.			13 23 62 10 16		6 16 21 4 12		8 1 4	2 1	1 2				4 1 2			5 4 5 4
			Ext	RA ME	TROPO	LITAN	SHIRE	S AND	Port	JACKS	ON.						
Hornsby		•••	• • •	107 79		19 19		11 11	2	$\frac{1}{2}$	1		• • •	2	•••	•••	8 6
Jackson Total		11	2	3,542	•••	626		399	20	62	16	2	2	122	7	•••	541

Table II.—Showing the number of notified cases of, and deaths from, Cerebro-spinal Fever (Meningococcal Meningitis), Diphtheria or Membranous Croup, Encephalitis Lethargica, Infantile Paralysis (Acute Anterior Poliomyelitis), Scarlet Fever, Typhoid Fever (including Paratyphoid), Pulmonary Tuberculosis, and Puerperal Infection in the Hunter River Combined District for the year ended 31st December, 1945.

Hamot Lit																	
Municipality or Shire.	Estimated Mean	Typhoi Paraty		Scar Fev		Dipht	heria.	Infa Paral		Cere spir Menir	nal	Encep Letha	halitis rgica.	Puer _I Infec		Tul	onary ber- osis.
or sinte.	Population•	С.	D.	С.	D.	С.	D.	С.	D.	С.	D.	C.	D.	С.	D.	С.	D.
						Munio	CIPALIT	TIES.									
Greater Newcastle Cessnock Maitland Singleton	Not Available.	Available.	•••	Available.	•••	rvailable.	7	Available.	 1 	Available.	2	Available.		Available-	2	•••	30 2 2 3
Kearsley Lake Macquarie Lower Hunter Port Stephens Tarro		Not A	•••	Not A	; i	Not A	3 2 1 	Not A	1 	Not A		Not A	1 	Not A	•••		6 8
Total		2		694	1	127	13	21	2	12	2	1	2	6	2		51

Table III.—Showing the number of notified cases of, and deaths from, Cerebro-spinal Fever (Meningococcal Meningitis), Diphtheria or Membranous Croup, Encephalitis Lethargica, Infantile Paralysis (Acute Anterior Poliomyelitis), Scarlet Fever, Typhoid (including Paratyphoid), Pulmonary Tuberculosis, and Puerperal Infection, in the remainder of State for the year ended 31st December, 1945.

Municipality or Shire.	Estmated Mean	Typho Paraty		Scar Fev		Dipht	heria.	Infa Paral		Cere spi Menii		Encep Letha	halitis rgica.	Puerj Infec		Tub	ionary er- osis.
01 8111201	Population.	C.	D.	С.	D.	С.	D.	C.	D.	С.	D.	C.	D.	C.	D.	С.	D.
					Cou	NTRY I	IUNIC	IPALIT	IES.								
Albury Armidale Ballina Balranald Barraba Bathurst Bega Berry		 1		24 23 2 5 104 1	 2 	17 14 4 3 9 1	1 1 	8 2 1 12 12	 1	 1 				1 1 			4 2 1

TABLE III—continued. Remainder of State—Return showing the number of cases, etc., from Country Municipalities—continued.

Municipality or Shire.	Estimated Mean Population.	Typhoi Paraty _l	d and phoid.	Sear Feve		Diphth	eria.	lufar Paral		Cerel spir Menin	nal	Encepl Letha		Puerp Infect		Tul	onary ber- osis.
	Fopulation.	С.	D.	С.	D.	С.	D.	С.	D.	С.	D.	С.	D.	С.	D.	C.	D.
				Co	UNTR	Y MUNI	ICIPAL	ITIES—	contin	ued.							
Blackheath				16	•••		• • •				•••	•••	•••		• • •		2
Bombala Bourke		2	•••	2	• • •	1	• • •	1	•••	• • •	• • •	• • •			• • •		1
Bowral				20	•••	2		3	•••	• • •	• • •	• • •			•••		
Broken Hill		2	•••	45	•••	31	3		•••	1	• • •		•••		•••		11
Broughton Vale Burrowa	ŧ		•••		•••		•••			• • • •							
Camden			• • •	$\begin{vmatrix} 9 \\ 12 \end{vmatrix}$		$\left \begin{array}{c}4\\\ldots\end{array}\right $				•••							$\frac{2}{1}$
Casino			•••	3		1	•••		1								î
Castlereagh		•••	•••		• • • •	93	2	1		• • •		•••	• • •		•••	•••	
Condobolin		•••	•••	3 8				•••	•••	•••	•••		•••	1	•••		1
Cooma			•••	10		12	•••			•••				l î			
Corowa		•••	•••	$\begin{array}{c c} 52 \\ 1 \end{array}$		$\begin{vmatrix} 2\\3 \end{vmatrix}$		1						•••			1
Cowra				54 5		4	1	2	•••	1	•••	• • • •		• • •			2
Deniliquin			•••	19		3	ï	1	1	1	• • • •			•••	•••		2
Dungog Forbes				$\begin{bmatrix} 8\\20 \end{bmatrix}$		$\frac{2}{2}$		$\frac{1}{3}$	1		•••		•••		•••		
Gerringong			•••	2	•••		•••	3	•••		•••				•••		1
Glen Innes	1	1		8		1	ï	4		•••	• • • •						1
Goulburn		1	•••	$\begin{array}{ c c }\hline 167\\ 12\end{array}$		11 17	1	$\begin{vmatrix} 3\\2 \end{vmatrix}$	1	1					1		$\begin{vmatrix} 2\\2 \end{vmatrix}$
Grafton, South		•••				3				•••		•••	•••		•••		ī
Grenfell Gunnedah				$\begin{vmatrix} 2\\8 \end{vmatrix}$		9		$\begin{vmatrix} 1 \\ 4 \end{vmatrix}$	$\begin{vmatrix} 2\\2 \end{vmatrix}$	1	•••	•••					•••
Hay				$\begin{vmatrix} 3\\31 \end{vmatrix}$		5 5	• • • •	$\begin{vmatrix} 2\\2 \end{vmatrix}$				•••			•••		
Illawarra North Inverell				5	1	5	1										3
Jamberoo Junee	Not		•••	12		1	•••	4	1					•••			2
Katoomba				23						1							10
Kempsey Kiama			•••	$\begin{vmatrix} 5\\2 \end{vmatrix}$		1 1	1	1		•••			***				i
Lismore		-:: 1		40 86		$\frac{3}{8}$		5 3		1 1			• • •		•••		4 6
Lithgow Maelean							• • • • • • • • • • • • • • • • • • • •					•••	• • •		•••		i
Manilla Moama				14		2			•••								•••
Molong]			10	1	1										•••	1
Moree Mudgee				$\begin{bmatrix} 5\\19 \end{bmatrix}$		2 4			•••	2				i			$\begin{vmatrix} 2\\1 \end{vmatrix}$
Mullumbimby			•••	$\frac{1}{13}$	•••	3		3	···			•••					•••
Murrumburrah Murrurundi		•••	•••	•••	•••		•••								•••		
Murwillumbah Muswellbrook				$\begin{vmatrix} 4\\29 \end{vmatrix}$		17	•••	$\begin{vmatrix} 1 \\ 1 \end{vmatrix}$		1	•••		•••			•••	$\begin{vmatrix} 1 \\ 1 \end{vmatrix}$
Narrabri			•••	$\begin{array}{c c} 1 \\ 27 \end{array}$		3	1	2					•••	3		•••	•••
Narrandera				13		'			•••	1		• • •				•••	
Nowra Nyngan				$\begin{vmatrix} 2\\ 8 \end{vmatrix}$			•••	2		1		•••		1		•••	1 "1
Orange				44		8	•••	2					•••				$\begin{vmatrix} 3 \\ 2 \end{vmatrix}$
Parkes Peak Hill		1		$\begin{vmatrix} 2\\5 \end{vmatrix}$	•••	4	1		•••	l	•••	•••		•••			1
Penrith		•••	•••	$\begin{vmatrix} 17 \\ 2 \end{vmatrix}$		•••	•••	1		•••	•••	•••	•••	•••			1
Port Maequarie Queanbeyan		•••		20		4	•••	2		i		•••	•••	•••			
Quirindi Riehmond				$\begin{vmatrix} 1 \\ 16 \end{vmatrix}$		3				•••		•••	•••	1		•••	
Seone		•••		6 3	• • • •			1	•••			•••	•••	•••			-:- 1
Shellharbour Shoalhaven South						5				1	•••	•••	• • •	•••		•••	
St. Mary's				9 60		$\frac{7}{10}$	1	1 11	1								$\begin{vmatrix} 3 \\ 3 \end{vmatrix}$
Tamworth Taree			•••	1		1											
Temora Tenterfield			•••	21		2	2	1		•••	1	•••	•••		•••	•••	ï
Ulladulla				1				$\begin{vmatrix} 2 \\ 1 \end{vmatrix}$		•••		•••					
Ulmarra Uralla		2	•••	4		1						•••	• • •			***	1
Wagga Wagga Waleha				71 10		7								•••	•••		1
Warren				7								<u> </u>	1		·		1

Table III—continued.

Remainder of State—Return showing the number of cases, etc., from Country Municipalities—continued.

Municipality	Estimated Mean	Typho Paraty		Scar Fev		\mathbf{Dipht}	neria.	Infai Paral		Cere spi Menir	nal	Encep Letha		Puer		Tu	ionary ber- osis.
	Populaton.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.
				C	OUNTE	Y Mu	NICIPA	LITIES	-cont	inucd.							
Wollongong Yass Young				19 2 13 50 2 15		1 1 16 1 2	 2 	3 6 	 1 		1						1 1 5
Total Municipalities		13	•••	1,408	5	391	21	117	13	17	2	•••		11	1		101

Typhus Fever.

Grafton 1 Murwillumbah ... 4

REMAINDER OF STATE—Return showing the number of cases, etc., from Country Shires.

Shires.	Estimated Mean	Paraty	oid and phoid.	Scar Fev		Dipht	heria.	Infa Para			ebro- nal ngitis.	Encepl Letha	halitis Irgica.	Puer		Tu	nonary iber- losis.
	Population.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.
							Shires	š.									
Abercrombie	1	1		30		2		3		i	1	1	1	1			
Amaroo	1			1		2		2								•••	1
Apsley				1												•••	
Ashford						1									1	•••	
Barraba				3			• • •										
Baulkham Hills				35		4	• • •	4							• • •		3
Bellingen							• • •	1					•••		•••		
Berrigan		• • •		4	•••	2	• • •	2					• • • •			•••	1
Bibbenluke			•••	3			• • •		• • • •								
Bingara				41	•••	17	•••	4			•••						
Blacktown				34	• • •	14	•••	7		1	•••				•••	•••	9
Bland		•••	•••	20	•••	4	1			•••					1	•••	•••
Blaxland			• • •	35	•••	6	•••	2		1				1			2
Blue Mountains			•••	21	•••	2	1	3									17
Bogan		•••	•••				• • •										
Boolooroo				2	• • •		• • •			•••							
Boomi				3	•••		•••										
Boorowa			•••	11	•••		•••										
Boree			•••	27	•••	1	•••	2		1			•••				
Bulli	Available.		• • •	23	•••	8	3	1		1	1			1			4
Burrangong		• • •	•••	7	• • •	1	•••	1	•••	•••							
Byron		•••	•••	12	•••	1	• • •	5	•••				•••				•••
Cambewarra			•••	1			• • •	• • •	•••	•••	•••						•••
Canobolas		• • •	•••	11	•••	7	• • •	1									2
Carrathool		•••	•••	7	•••	5	1	1		•••							1
Clyde		•••	•••	1	• • •	2	1	• • •	• • • •								
Cobbora			•••	19	•••	5	1	• • • •	•••				•••				
Cockburn	ĺ		•••	4	•••	4	•••	1		•••		•••				•••	
Colo			•••	25	• • •	}	•••	•••		•••						• • •	•••
Conargo			•••	1	•••		•••	•••		•••	•••		•••				
Coolah		•••		8	•••		•••	•••		•••	•••		•••			•••	
Coolamon		•••	•••	38	•••		•••	•••	•••		•••	•••	•••				1
Coonabarabran		•••	•••	26	•••	2	1	1	1	•••			•••	•••			
Copmanhurst			•••	3	•••	4	• • •	•••	•••	•••	•••	•••	•••	•••			1
Coreen		•••	•••	•••	•••	2	• • •	1	•••		•••			•••		•••	•••
Crookwell		•••	•••	34	•••		•••	1	•••	1	•••		•••				
Cudgegong		•••	•••	24	•••	5	• • •	1	•••	1	•••		•••				2
Culcairn		•••	• • •	5	• • •	3		•••	•••	•••			•••				
Demondrille		•••	•••	5	•••	$\begin{vmatrix} 2\\12 \end{vmatrix}$	1	•••	•••	•••				*			2
Dorrigo		•••	•••	7	• • •	12	1	1	1	1				1			2
Dumaresq		• • •	•••	9	•••	12	•••	3		•••	•••		•••				
Erina		•••	•••	19	•••	4	•••	6	2	•••	•••	• • •	•••				2
Eurobodalla		•••	•••		•••	2	•••	•••	1	1	•••		•••				
Gilgandra		•••	•••	30	•••	6	1	2		•••	•••			1			
Gloucester			•••		•••		•••	2		1	1		•••				
Goobang			•••	9	•••	2	•••	• • •		•••							1
Goodradigbee	1		• • •		• • •	l	•••	•••		•••							

Table III—continued. Remainder of State—Return showing the number of cases, etc., from Country Shires—continued.

Shires.	Estimated Mean Population.	Typho Paraty		Scar Feve		Dipht	heria.	Infa Para		Ccre spi Menir			balitis trgica.	Puerj Infec		Tul	onary ber- osis.
	2 opaiotion	C.	D.	С.	D.	С.	D.	C.	D.	С.	D.	С.	D.	С.	D.	C.	D.
				(Count	ry Sh	IRES—	-contin	ued.								
GostwyckGulgong			•••	10 10	•••	2		1					•••				
Gundagai		• • •		11	•••	•••	•••			• • • •	•••		•••		• • • •	• • •	•••
Gundurimba			•••	$\begin{vmatrix} 11 \\ 6 \end{vmatrix}$	• • •	$\begin{vmatrix} 1 \\ 1 \end{vmatrix}$	•••	•••	• • • •	•••	•••		•••				•••
Guyra		•••		22	•••	$\frac{1}{2}$					•••	•••			•••		•••
Gwydir Harwood					•••	15	•••			•••		•••			•••		•••
Hastings				8	• • •	13		$\frac{1}{3}$		• • •	1		•••		•••		$egin{array}{c} 1 \ 2 \end{array}$
Holbrook		•••			• • •	$\begin{vmatrix} 2\\10 \end{vmatrix}$			• • • •	•••							
HumeIllabo		•••	•••	4 7	•••	10		2		•••	•••	•••		•••	•••		•••
Illawarra, Central		•••		32	•••	6		1				• • •	•••	1	1		3
Imlay Jemalong		•••	•••	$\begin{vmatrix} 2 \\ 6 \end{vmatrix}$		•••		$\frac{1}{2}$	1	1		•••	• • •	1	• • •		
Jerilderie					•••			•••	•••		•••	•••	•••		•••		•••
Jindalee Kyeamba				9 17	•••	4	1	4		1		•••	***		•••		1
Kyogle		•••		2	•••	3		8	ï	2	1	•••	•••	***	•••	•••	1
Lachlan Liverpool Plains				8 4	•••	•••	•••	3	•••			•••	•••	•••			3
Lockhart		•••	•••	10	• • •	1	•••	1	•••	ï	•••		•••		•••	•••	 1
Lyndhurst Macintyre		•••		9 9	•••	1	•••	•••			•••						
Macleay				5	• • •	•••	ï		•••	2	•••		•••	•••	•••		•••
Macquarie				5	•••	1	1	1				•••	•••		•••		ï
Mandowa				6	•••	6	•••	• • •			•••	•••		•••	•••		
Marthaguy		•••		1 3		1			•••			•••			• • •		l I
Merriwa Mitchell			•••	12	•••	•••			•••		•••	•••	•••	•••	•••		•••
Monaro				3	•••	1	1				•••	•••	•••	• • •	•••		1
Mulwaree		•••		16	•••	5	1	2	•••	 1	i		•••	•••	• • • •	•••	•••
Murray		•••	•••		•••			•••				•••		•••	•••	•••	•••
Murrumbidgee			•••		•••			•••	• • •	•••					•••		•••
Muswellbrook		•••		1	•••	•••				•••		•••					•••
Nambucca		•••	•••		•••	$\begin{array}{ c c c }\hline 5\\ 2 \end{array}$	2			2	1						•••
Namoi Narraburra		•••	•••	9 5	• • •	2		1 1		3	1			1 1	•••		1
Nattai		•••	•••	18	•••	2		2							•••		•••
Nepean Nundle		•••		1	•••	3 13				•••	•••		•••		•••		• • • •
Nymboida		•••				1			1	•••	•••	•••	•••		•••		1
Oberon Orara		•••		11	•••	•••	•••			•••	•••		•••		•••		1
Patrick's Plains				16	•••	•••	•••			•••	•••	•••	•••		•••		1
Peel		•••		14 6	• • •	3	•••	3	•••	1	1		•••		•••	•••	•••
Severn					•••			2				•••	•••		•••		•••
Snowy River Stroud		 1		$\begin{vmatrix} 1\\23 \end{vmatrix}$	•••	4		•••	•••	 1	•••	•••	•••		•••		•••
Sutherland			•••	114	•••	17	•••	7	ï		•••		•••	1		•••	ii
Talbragar Tallaganda		•••	•••	5 2		4	1	2		•••	•••		•••			•••	î
Tamarang			•••	1	•••		•••		•••	1	•••			1	• • •	•••	 1
TenterficId Terania		•••		5	•••	$\begin{vmatrix} 1 \\ 3 \end{vmatrix}$				• • •	•••	•••		1	•••		ĩ
Timbrebongie		•••			•••		•••	$\begin{array}{c c} 3 \\ 1 \end{array}$	1	• • •	•••		•••		•••		1
Tintenbar Tomki		•••		6	•••	9	•••	1							•••		
Tumbarumba	}	•••	• • •	1	•••	$\begin{vmatrix} 2\\17 \end{vmatrix}$		3				•••		•••	•••	•••	•••
Tumut		•••	•••	30	•••	3	•••		•••	•••	•••	•••	•••		•••		$\frac{\cdots}{2}$
Turon Tweed		•••	•••	8 6	•••	6	${2}$	$egin{bmatrix} 3 \ 2 \end{bmatrix}$		•••					•••	•••	1
Upper Hunter		•••	•••	16	•••			1	1	•••	•••		•••				1
Urana Wade		•••	•••	4 8	•••	$\begin{vmatrix} 3\\8 \end{vmatrix}$	•••	$\frac{1}{1}$	•••	***		•••	•••		• • •		• • •
Wakool		•••	•••	3	• • •		•••		•••	•••	•••		•••		•••		ï
Walgett		${2}$	•••	$\begin{bmatrix} 5 \\ 22 \end{bmatrix}$	•••	$ \cdots_2 $	•••		1	•••	•••	• • •	•••		•••		$\frac{1}{2}$
Waradgery		•••	•••		• • •		•••	1	•••	•••	•••	•••	•••		•••		1
Warrah		•••	•••	3	•••					•••			•••	1			•••
Waugoola Weddin		•••	•••	29 6	•••	1			•••	1		•••	•••		•••		•••
Willimbo ng			•••	15	•••	3			•••	•••	•••	•••	•••				4
Windouran Wingadee				3	•••			•••		•••	•••	•••	•••	$\left \begin{array}{c} \\ 2 \end{array}\right $		•••	•••
		•••	•••	<u> </u>	•••	•••	••••	•••	••••	•••	•••			4 1		•••	•••

Table III—continued. REMAINDER OF STATE—Return showing the number of cases, etc., from Country Shires—continued.

Municipality or Shire.	Estimated Mean	Typhoi Paraty		Scar Fev		Dipht	heria.	Infai Paral		Cere spir Menir	nal	Encep Letha		Puerj Infec		Tul	onary ber- osis,
	Population.	С.	D.	С.	D.	С.	D.	C.	D.	C.	D.	C.	D.	С.	D.	C.	D.
					Cou	NTRY	Shire	scon	tinue d								
Wingecarribee Wollondilly Woodburn Woy Woy Yallaroi Yanko Yarrowlumla	Vollondilly 10 1															2 2 4 2 	
Total, Shires		3	•••	1,333	•••	330	24	129	12	26	9	•••	•••	11	3	•••	108
Balranald Bourke Brewarrina Broken Hill Cobar Hay Hillston Ivanhoe Menindie Mitchell Nyngan Walgett Wentworth Wilcannia Western Division Unincorporated						3 											
Total, Unincorporated		•••	•••		•••	4	1	2	•••	•••				1			2
		* Dea	aths av	ailable	only	for u	ininco	rporate	ed are	a as w	hole.		·		<u>'</u>		

					Misce	LLANE	OUS.									
	,								,							
Lord Howe Island	•••			•••					• • • •		• • •	•••		•••	•••	•••
Migratory											• • •				•••	•••
Outside the State—					1											
Australian Capital						1								İ		
Tomitom:			-													
Territory	• • •	• • •		• • •	• • • •	• • •	• • •	•••	•••	•••	•••	•••	•••	•••	• • •	•••
Queensland	•••	• • • •		•••		• • •	•••	• • • •	•••	•••	• • •	•••		•••	• • •	•••
Victoria				•••					•••		•••				•••	
South Australia			1		l i											
Total, Miscellaneous																
Total, Miscellaneous		•••		•••	•••	• • •	•••	•••	•••	•••	•••	•••	•••	•••	•••	•••
Total, N.S.W	29	2	6,977	6	1,478	84	668	47	117	29	3	4	151	13	• • •	803
	1															

Typhus Fever.

	•••	1
•••	•••	1
•••	•••	1
	•••	1
•••	•••	1
		-
		5

Table Showing Age and Sex Incidence, and Mortality, in the Metropolitan Combined District, Hunter River Combined District, Broken Hill District, and Remainder of State, from the notified cases of Cerebro-spinal Fever (Meningococcal Meningitis), Diphtheria and Membranous Croup, Infantile Paralysis (Acute Anterior Poliomyelitis), Encephalitis Lethargica, Scarlet Fever, Typhoid Fever (including Paratyphoid) and Pulmonary Tuberculosis, Puerperal Infection, for the year ended 31st December, 1945.

Puerperal Infection	Mortality.	Notified. Deaths.	ب	t-			::::==:::::::::::::::::::::::::::::::::	:		4	
Puerpera	Incidence.	Notified Cases.	Ħ.	122	3.0 4	ec	Yot Available.	:	:::::::::::	1233	
llosis.	Mortality.	Notified Deaths.	. Total.	187 541	2.24 2.24 3.9 3.9 2.9 2.9 2.9 1.9 1.9 1.0 8.8 3.9 2.9 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0	16 511	28 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11 11		78 200	1 77
y Tubereulosis.	Mort	Not	M. F	354 1	1 15 17 17 17 17 17 17 17 17 17 17 17 17 17			10	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	122	1
Pulmonary	Incldence.	Notified Cases.	F. Total.	:	:::::::::::::::::::::::::::::::::::::	-		:		:	1
tis.	.		Total. M.	16	10 10 11 11 11 11 11 11 11 11 11 11 11 1			: = :		11]	6 4 4
al Meningi	Mortality	Notified Deaths.	M. F.	10 6	# :: - : : : - : : - :	- 6	:::::::::::::::::::::::::::::::::::::	:		9	L. 4.L
Cerebro-spinal Meningitis	Incidence.	Notified Cases.	F. Total.	20 62			Not Avallable.	1 1		19/ 42	S S S S S S S S S S
			Total. M.	2 42	21	2.12		: = = :			
alitis Lethargica	Mortality	Notified Deaths.	M. F.	1 1 1	 			:	1	:	
Encephaliti	Incidence:	Notified Cases.	F. Total.	1 2	: : : : : : : : : : : : : : : : : : :	–	Not Available.	: - - -		:	 : : : : : : : :
	.		Total. M.	DISTRICT.	1	INED DISTRICT	: : : : : : : : : : : : : : : : : : :	ISTRICT.		STATE. 12 25	::::::::::::::::::::::::::::::::::::
Paralysis	Mortality	Notified Deaths.	M. F.	COMBINED 39 11 9	mt- \phi \text{0.10} mt- \text{0.10} mt- \phi \text{0.10} mt- \phi \text{0.10} mt- \text{0.10}	RIVER COMBINED	: : : : : : : : : : : : : : : : : : :	HILL DIST		0F 13	52541 54516 596211 :
Infantile	Ineidence.	Notified Cases.	F. Total.	METROPOLITAN CO	200 10 10 10 10 10 10 10 10 10 10 10 10 1	GNTER	Not Available.	BROKEN F		REMAIN 1115	115 70 18 3
			Total. M.	METR 25 239	10 10 10 10 10 10 10 10 10 10 10 10 10 1	13		· •		43 133	8 8 1
Diphtheria.	Mortality	Notified Deaths.	M. F.	6 11 14	0 :4 :4 :	27, 7, 6,	4	31 1 2	75.00 mm m	4 24 19	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Dipht	Incidence.	Notified Cases.	F. Total.	300 626	134 134 138 288 288 288 384 188 188 150 11 11 12 13 14 14 14 14 15 16 16 16 16 16 16 16 16 16 16 16 16 16	12	Not Available.		2.4 Ltg	383 694	106 106 144 144 40 40 141 15 15 16 16 16 16 16 16 16 16 16 16 16 16 16
	I	A		326	111 121 170 100 100 100 100 100 100 100 100 10	111	Not Available.	6 :	100	5 311	1
ver.	Mortality.	Notified Deaths.	M. F. Total.	: : :				- : :		8	1 52 : : : : :
Searlet Fever	ence.	led is.	Total.	49 3,542	7 1,900 11,077 1,900 11,077 1,900 11,55 10,1	694	:::::::::::::::::::::::::::::::::::::::	27 45	::::	33 2,696	10 464 10 10 10 10 10 10 10 10 10 10
	Incidence.	Notified Cases.	M. F.	1,393 2,14	505 753 753 1,147 48 154 24 131 34 9 12 9 12 13 13 13 13 13 13 13 13 13 13	. <u>-</u>	Xot Available,	181 2	1007-11	1,063 1,633	111 184 198 198 198 198 198 198 198 198 198 198
nd Id.	Mortality.	Notified Deaths.	F. Total.	61	- : : : : : : : : : : : : : : : : : : :	:		:		:	
Typhold and Paratyphoid.		<u>'</u>	Total. M.	11		्रा इस		; c1		14	01/00/14/H
	Incidence.	Notified Cases.	M. F.	4		-	Not Available, Xot Available,	:		9 5	::::::::::::::::::::::::::::::::::::
	Age Period.			All ages	Under I year 1	All ages	Under I year 1 - 4 years 5-14 15-24 25-34 35-44 45-54 55-46 65 and over	All ages	Under 1 years 1 -4 years 15-14 " 15-24 " 25-34 " 45-54 " 55-64 " 55-64 "	Allages	Under I year 1 - 4 years 5 - 14 15 - 24 25 - 34 25 - 44 25 - 44 25 - 54

Table V.—Showing the seasonal prevalence of Cerebro-spinal Fever (Meningococcal Meningitis), Diphtheria, and Membranous Croup, Infantile Paralysis (Acute Anterior Poliomyelitis), Encephalitis Lethargica, Scarlet Fever, Typhoid Fever (including Paratyphoid), Pulmonary Tuberculosis, and Puerperal Infection in New South Wales for the year ended 31st December, 1945.

Month.	Metrop Comb Distr	oined	Hunter Comb Distr	ined	Broken Distr	Hill ict.	Remaine Stat		Tota	al.
	C.	D.	С.	D.	C.	D.	С.	D.	C.	D.
			Typ	bhoid and P	aratyphoid	Fever.				
January February March April May June July August September October November December Total	 3 1 1 2 2 2 	3 1 1 2 2 2 2 1					2 2 2 1 1 2 4 14			 1
				Scarlet	Fever.					
January February March April May June July August September October November December	353 359 536 382 352 305 253 223 156 182 235 206		Not Available.		10 6 6 6 3 2 2 2 4		302 266 384 376 325 223 151 121 84 111 162 191	 1 1 2 1		 1 1 2 1
Total	3,542	1	694	1	45		2,696	5		6
_				Diph	theria.					
January February March April May June July August September October November December	75 55 92 72 58 33 38 51 25 33 39 55	2 2 2 3 2 4 5 1 1 2 1	Not Available.	2 1 2 1 4 1 2	1 1 · 2 1 4 1 4 2 7 8	 1 	95 61 56 77 55 60 41 42 27 46 58 76	4 4 5 2 2 4 2 1 6 3 5 5		8 7 9 6 3 6 11 7 7 4 7 9
Total	626	25	127	13	31	3	694	43		84
				Infantile	Paralysis.					
January February March April May June July August September October November December	$ \begin{array}{c c} 52 \\ 27 \\ 14 \\ 17 \end{array} $	 1 3 2 1 3 4 3 2 1	Not Available.			···· ··· ··· ··· ··· ··· ··· ··· ··· ·	$\begin{bmatrix} 1\\11\\38\\32\\24\\22\\37\\22\\7\\13\\16\\25 \end{bmatrix}$	1 3 1 4 1 4 3 1 4 3 1 4 3	 	$egin{array}{c} & \dots & & & & & & & & & \\ & & 1 & & 4 & & & & & & \\ & 4 & & 4 & & & & &$
Total	399	20	21	$ $ $\frac{1}{2}$		•••	248	25		47

Table V—continued.

Month.	Com	politan bined ricts.	Com	r River bined ricts.		en Hill criet.	Remai Sta	nder of te.	Tota	al.
	С.	D.	C.	D.	C.	D.	С.	D.	W.	D.
,		, , , , , , , , , , , , , , , , , , , ,	Cer	ebro-Spinal	Meningitis.	,			<u></u>	
January February March April May June July August September October November December	1 2 2 5 4 5 8 12 13 8 2	 1 1 2 5 2 2 2 1 2	Not Available.	 1 1 			2 1 4 5 3 4 3 6 3 3 5	 1 1 1 1 2 1 1 2 		 1 2 2 3 6 4 4 2 4
Total	62	16	12	2	1	•••	42	11		29
January February		:::		Encephaliti						
March April May June July August Spetember October November December		 	Not Available.	 2 						 2 1
Total	2	2	1	2					•••	4
]	Pulmonary T	[ube r culosis					
January February March April May June July August September October November December		55 51 39 42 42 35 51 50 53 45 42 36		4 7 5 2 8 4 1 3 2 5 4 6		2 1 2 2 3 1		14 14 17 9 12 21 21 21 18 16 22 15		73 74 62 55 62 60 75 77 73 66 69 57
Total	•••	541		51		11		200	•••	803
•			P	uerperal Inf	ection.					
January February March April May June July August Scptember October November December	15 7 17 8 7 4 5 18 8 14 11 8	1 1 4 1 	Not Available.	1			3 4 2 6 1 2 2 2 1 23	 1 1 2 		1 2 1 1 1 4 3 13

SUMMARY.

District.	Typhoid Fever.		Scarlet Fever.		Diphtheria.		Infantile Paralysis.		Cerebro- spinal Meningitis.		Encephalitis Lethargica.		Puerperal Infection.		Pulmonary Tuberculosis	
	С.	D.	C.	D.	C.	р.	C.) †† D.	C.	D.	С.	D.	C.	D.	C.	D.
Metropolitan Combined Sanitary District Hunter River Combined District. Broken Hill District Remainder of State— Municipalities Shires Unincorporated Lord Howe Island A.C.T.	11 2 2 11 3 	 	3,542 694 45 1,363 1,333 	5	626 127 31 360 330 4	25 13 3 18 24 1 	399 21 117 129 2	20 2 13 12 	62 12 1 16 26 	16 2 2 9 	2 1 	2 2 	122 6 11 11 1	7 2 1 3		541 51 11 90 108 2
Total	29	2	6,977	6	1,478	84	668	47	117	29	3	4	151	13	•••	803

^{††} Deaths from notifiable forms only.

Undulant Fever-

 Metropolitan Area—
 1

 October
 1

 December
 1

 2

$Typhus\ Fever—$

Metropolitan District.	Remainder of State.
January February 2 March 2 April 1 May 1 June 3 July August 2 September October 2 November 1 December 2	1 1 1 2 2 2 1
16 <u>16</u>	10

SECTION I.

A.—COMMUNICABLE DISEASES, 1946.

Notifiable Infectious Diseases Recorded in New South Wales during the year ended 31st December, 1946. Public Health Acts, 1902-1944.

The Public Health Act, 1902, provides that the Governor may, by proclamation in the Government Gazette, declare that any disease therein named is an infectious disease.

			Ca	ses and De	aths Notifie.	1.			
Disease.	Notifiable from.	19-	11.	19	45.	1946.			
		Cases.	Death.	Cases.	Deaths.	Cases.	Deaths.		
Typhoid Fever (and Paratyphoid) Scarlet Fever Diphtheria or Membranous Croup Bubonic Plague Infantile Paralysis (including any form of acute anterior poliomyelitis, polioencephalitis or poliomeyloencephalitis) Epidemic cerebro-spinal fever (meningococcal meningitis) Encephalitis Lethargica Cholera Typhus Fever Yellow Fever Puerperal Infection Undulant Fever Leprosy	"" "" "" "" "" "" "" "" "" "" "" "" ""	5,618 1,402 15	5 11 69 2(a) 59 2(a) 2 26(b) 	29 6,977 1,478 668 117 3 26 151 2 3	2 6 84 47(a) 29 4(a) 3 13(b) 	25 3,090 1,297 656 89 3 43 185 	3 4 57 52(a) 29 1(a) 2 10(b) 2		
Total		7,480	176	9,454	189	5,371	160		
Mean Population		2,88	6,576	2,91	7,823	2,94	5,724		

(a) Notifiable forms only.(b) See text below.

Public Health Act, 1902-1944.

A total of 5,371 cases of infectious diseases was notified under the Public Health Act, 1902-1944, during 1946, or 4,083 less cases than 1945. The number of cases notified from the 152 municipalities, 137 shires and the unincorporated portion of the Western Division; the deaths due to these infections; the age and sex of the patients, and the seasonal incidence of the various diseases are shown in appended Tables I-V (pp. 70-79). As indicated below, pulmonary tuberculosis is notifiable under the Public Health (Amendment) Act, 1915, and venereal diseases, under the Venereal Diseases Act, 1918.

Typhoid Fever.—In 1946 there were twenty-five cases notified and three deaths. The incidence of this disease was slightly lower than in 1945, when there were twenty-nine cases and two deaths

Scarlet Fever.—There were 3,090 notified cases and four deaths, a decrease of 3,887 cases as compared with 1945, when 6,977 cases and six deaths were recorded.

Diphtheria.—There were 1,279 notified cases and fifty-seven deaths in comparison with 1,478 cases and forty-seven deaths in 1945.

Infantile Paralysis.—Six hundred and fifty-six cases and fifty-two deaths were notified. In 1945 there were 668 cases and forty-seven deaths.

Puerperal Infection.—One hundred and eighty-five cases were notified or thirty-four more than in 1945. The recorded deaths from puerperal septicaemia and post-abortive sepsis in 1946 numbered ten, which does not include nine deaths from sepsis classed as criminal abortion. Under the revised International List of Canses of Death which came into use in 1940, puerperal thrombophlebitis, embolism and sudden death are included as subdivisions of the "infection" group but to maintain comparability with previous years such deaths are omitted here and in the following pages. There were eleven deaths in this additional group.

Cerebro-spinal Meningitis.—Eighty-nine cases and twenty-nine deaths were reported in 1946. In 1945 there were 117 cases and twenty-nine deaths.

Encephalitis Lethargica.—Three cases and one death were notified compared with three cases and four deaths in 1945. Deaths exceeded cases in 1945 because one death was recorded for which no case notification was received.

Undulant Fever.—On 13th August, 1937, a proclamation was issued making undulant fever notifiable on and from that date. No cases or deaths were recorded in 1946.

Bubonic Plague.—No case of this disease has been reported since June, 1923. Rat-catchers are continuously employed in the vicinity of wharves and in the city area. Plague was not detected in the 1,754 rats examined in the Microbiological Laboratory.

Smallpox.—No case was reported during 1946.

Leprosy.—One case and two deaths of leprosy were notified in 1946. For the Report on Leprosy in New South Wales, see page 133.

Public Health (Amendment) Act, 1915.

Pulmonary tuberculosis was made a notifiable disease under an amendment of the Public Health Act in 1915. In 1946 registered new cases amounted to 1,671, a decrease of seventeen on the registrations received in 1945. There were 818 deaths, an increase of fifteen compared with the deaths recorded in 1945. A survey by the Director of the Tuberculosis Division is on page 109.

VENEREAL DISEASES ACT, 1918.

Cases of venereal disease notified in 1946 numbered 5,401, an increase of 839 cases on the number (4,562) received in 1945. The Report of the Director of the Division is on pages 80-82.

Table I.—Showing the number of notified cases of, and deaths from, the following diseases:—Cerebro-spinal Fever (Meningococcal Meningitis), Diphtheria and Membranous Croup, Encephalitis Lethargica, Infantile Paralysis (Acute Anterior Poliomyelitis), Scarlet Fever, Typhoid Fever (including Paratyphoid), Pulmonary Tuberculosis, and Puerperal Infection in the Metropolitan Combined Districts for the year ended 31st December, 1946.

Municipality or Shire.	Estimated Population at 31st	Typl ar Paraty	ıd	Scar Fev		Diphtl	neria.	Infai Paral		Cerel spir Menin	nal	Encep Letha		Puerj Infec		Pulm Tuber	ionary rculosl
	December, 1946.	C.	D.	C.	D.	C.	D.	c.	D.	C.	D.	c.	D.	C.	D.	c.	D.
				Мет	ROPOL	ITAN M	UNICIP	ALITIE	s.								
ydney, City of	95,670			64		28	1	10	1	3	1			17	•••		66
lexandria	8,100			4		7	1	$2 \mid$			• • •			1	•••		3
Annandale	12,390			18		3		4	• • •		•••			3			12
Ashfield	44,580			40	1	10		8	1								5
Auburn	21,850			29		8		5	• • •	1	• • •			1	1		11
Balmain	28,370		1	35		6		5	• • •	3	1			3	•••		10
Bankstown	41,990			53		13	1	16	• • •	2				7			(
Bexley	26,630			54		3		14	2	1	1			1			4
Botany	9,420			5		3	1	2			•••						
Burwood	21,650			21		7	1	3	•••			1		1			13
Canterbury	98,680			114		24	1	17	1	4				11			18
Concord		·		34		7		4	3	1	•••			. 1			
Darlington	3,040			3		2		1			• • •						
Orummoyne	32,850			21		5		14		1				1			
Oundas	7,570			6		4											9
Eastwood	4,070			5							•••		•••				
Enfield	17,140	1		33		3		1		2				1			
Ermington and Rydalmere	3,270			• • •							• • •	1	1	1			
Erskineville	6,870			8		. 2		2			• • •			1			
debe	20,470			17		10		5		3				6			1
Granville	26,680			27		19		6		2	2			1			1.
Homebush	3,490			2		4								3			
Hunter's Hill	11,400			18		2		7			•••						
Hurstville	33,530			75		2	1	12	4	1	• • •			5			1.
Kogarah				66		6		20		1	• • •			5			
Kuring-gai	39,440			60		3		12		1				1			2
Lane Cove	19,640			22		1		6									
Leichhardt	29,520			30		13	1	5			1			3			1
Lidcombe	20,180			15		3	1	1	1	1	1						1
Manly	33,090	2		62		6	1	11	2	1	• • •			1			
Marrickville	46,840			57		13		4		2	1			1			1 1
Mascot	17,850			13		9		5		2				3			
Mosman	27,420			25		2		9	2		•••						
Newtown	24,950			15		13		3		•••				1			1
North Sydney	60,030			42		8		29	1	2				5			2
Paddington	24,700		•••	22		5		7	•••	1	•••			10			1 1
Parramatta	20,720			14		3	1	4		1				2			1 1
Petersham	29,390			22		12		1		2	•••			3	1		1:13
Randwick	100,150	1		155	•••	14	1	62	4	5	2			11	1		4:
Redfern	18,660			14	•••	13		5	•••		• • •			2			1 10
Rockdale	46,990			40		5		7	1		1			1			1 10
Ryde	36,110			38	• • •	2		12	3								9
t. Peters	12,410			6	• • •	5	1	4	• • •		•••		•••				1 9
trathfield	15,630			13	•••	2		2	•••		1						,
aucluse	9,070	•••		7	•••	• • •		1	•••		•••						1 5
Vaterloo	11,250	•••		11	•••	9	1	3	•••		•••			5			1
Vaverley	74,120			81	•••	16	3	18	2	2	1			13			20
Villoughby	51,610	•••		51		13	1	27	1	2	1			1			12
Voollahra	44,740			36		6		8		2				4			1

Table I—continued.

METROPOLITAN COMBINED DISTRICTS—Return showing the number of cases, etc., from Extra Metropolitan Municipalities.

Municipality or Shire.	Estimated Population at 31st December,	aı	Typhoid and Paratyphoid.		Scarlet Fever.		Diphtheria.		ntile lysls.	Cerebro- spinal Meningitis.		Encephalitis Lethargica.		Puerperal Infection.		Pulmonary Tuberculosis.	
	1946.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.
Extra Metropolitan Municipalities.																	
Cabramatta and Canley Vale Fairfield Holroyd Ingleburn Liverpool	$ \begin{array}{c c} 10,480 \\ 15,260 \\ 10,790 \\ 3,130 \\ \end{array} $	 1 		5 5 36 8		10 7 27 9	2	1 5 4 1 4	i i 	1 1				2 1 3			7 5 2 1 3
			Extr	A METR	OPOLIT	AN SHI	RES A	ND Po	rt Ja	.ckson	•						
Hornsby		"i	•••	65 36 	1 	5 	•••	12 22 	1 	$\begin{array}{c c} 1 \\ 2 \\ \cdots \end{array}$	• • •		•••	1 1 	•••		16 3
Total	1,589,160	6	1	1,758	2	414	20	453	31	54	14	2	1	148	3	•••	580

Table II.—Showing the number of notified cases of, and deaths from, Cerebro-spinal Fever (Meningococcal Meningitis). Diphtheria or Membranous Croup, Encephalitis Lethargica, Infantile Paralysis (Acute Anterior Poliomyelitis), Scarlet Fever, Typhoid Fever (including Paratyphoid), Pulmonary Tuberculosis, and Puerperal Infection in the Hunter River Combined District for the year ended 31st December, 1946.

D. C. D. 28 22 1 3 2 2 3 2 2 45														
1 6 1 3 2														
1 6 1 3 2														
0 45														
2 40														
Poliomyelitis),														
D. C. D.														
Table II—Showing the number of notified cases of, and deaths from, Cerebro-spinal Fever (Meningococcal Meningitis), Diphtheria or Membranous Croup, Encephalitis Lethargica, Infantile Paralysis (Acute Anterior Poliomyelitis), Scarlet Fever (including Paratyphoid), Pulmonary Tuberculosis, and Puerperal Infection in the South Coast Health District for the year ended 31st December, 1946—continued. Varyabid Paratyphoid and Paratyphoid and Paratyphoid. 1946. C. D.														

Table III.—Showing the number of notified cases of, and deaths from, Cerebro-spinal Fever (Meningococcal Meningitis), Diphtheria or Membranous Croup, Encephalitis Lethargica, Infantile Paralysis (Acute Anterior Poliomyelitis), Scarlet Fever, Typhoid Fever (including Paratyphoid), Pulmonary Tuberculosis, and Puerperal Infection, in the REMAINDER OF STATE for the year ended 31st December, 1946.

Municipality.	Estimated Population at 31st	a	hoid nd yphoid.	Sca: Fev		Dipht	heria.		ntile lysis.		bro- nal igitis.	Encep Letha	halitis irgica.		peral tion.		nonary culosis.
	December, 1946.	С.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.
					Count	rry Mu	NICIPA	LITIES	S.								
AlburyArmidale	$\left \begin{array}{c}14,020\\7,710\end{array}\right $	 1		$\begin{array}{ c c c }\hline 23\\ 18\\ \end{array}$		15		1	1	$\begin{vmatrix} 1 \\ 1 \end{vmatrix}$	1			1			5 2
Ballina	3,190	•••		2		3		î	1				•••	•••			
BalranaldBarraba	$1,250 \\ 1,460$		•••	i		2							•••	1	1		1
Bathurst	11,720	3		17	•••	6	•••	1			•••		•••				4
Bega Berry	$2,800 \\ 2,760$	•••		1	•••	1	1	•••			 1						$\begin{vmatrix} 2\\1 \end{vmatrix}$
Blackheath Bombala	$\begin{bmatrix} 2,260 \\ 1,090 \end{bmatrix}$	•••		13			•••			• • • •	•••		•••	•••			1
Bourke	2,000	•••	•••	•••	•••	ì		• • • • • • • • • • • • • • • • • • • •		•••		•••		•••	•••		
BowralBrewarrina	$3,590 \\ 840$	•••	•••	• • • •	•••	ï		 1	•••	•••	•••		•••	•••	•••	•••	1
Broken Hill	27,040	•••		25	•••	84	2	3		1				2			ii
Broughton Vale Camden	$\begin{bmatrix} 200 \\ 2,880 \end{bmatrix}$	•••	•••		•••		•••		•••			•••	•••	•••	• • • •	•••	•••
Campbelltown	3,640	•••	•••	•••	•••	2		2							•••	•••	
Casino Castlercagh	$6,560 \\ 1,290$		•••	• • • •	•••	1	•••	•••			• • •	•••			•••		1
Cobar	1,950	•••	•••			8	1							1			
Condobolin Cooma	$2,600 \\ 2,220$	• • •	•••	3 6		$\begin{array}{ c c c c c c c c c c c c c c c c c c c$		2		•••	• • • •	•••		ï			1
Coonamble	2,580 5,190	•••	•••	8	• • • • • • • • • • • • • • • • • • • •	6 18					•••			•••	•••	•••	1
Cootamundra Corowa	2,750		• • •	6		3								•••	•••		$\begin{vmatrix} 1\\2 \end{vmatrix}$
Cowra Deniliquin	$5,430 \\ 3,620$		•••	$\begin{array}{c c} 9 \\ 6 \end{array}$			1		•••		•••	•••			•••	•••	1
Dabbo	9,420	•••	•••	5		8		•••		•••	•••	•••	•••		•••		2
Dungog	2,050 5,890	•••	•••	$\begin{vmatrix} 1\\14 \end{vmatrix}$	•••	$\frac{1}{3}$	•••	1	•••		•••	•••	•••	•••	•••	•••	
Gerringong	880		•••						•••	•••	•••			:::	•••		
Glen Innes	5,440 4,280			$\frac{3}{1}$		8 1	•••	1 1	•••	2	• • • •	•••	•••	•••		•••	1
Goulburn	15,880	5	•••	29		6	•••	1		2	•••		•••	1			3
GraftonGrafton, South	8,100 3,580	1		$\begin{vmatrix} 3\\1 \end{vmatrix}$	• • • •	29 8	2	•••		1		•••	•••	$\frac{2}{\cdots}$	•••	•••	2
Grenfell	2,430 4,240	•••	•••	1 11	•••	9	•••	1			•••	•••	•••		•••		
Gunnedah Hay	2,980	1	•••	1		8	•••	1 1		•••	•••	•••	•••	•••	•••		1
Illawarra NorthInverell	$ \begin{array}{c c} 11,410 \\ 6,410 \end{array} $	•••	•••	3	•••	 12	2	 1			1		• • •			•••	3
Jamberoo	940	•••	•••				•••	•••	•••	•••	•••	•••	•••	1	•••	•••	•••
Junee Katoomba	$\frac{4,030}{8,550}$	•••	•••	$egin{array}{c} 4 \\ 3 \end{array}$	•••	1	•••	•••	•••	•••	•••		•••	 1		•••	
Kempsey	6,180		•••		•••	•••				•••	•••	•••	•••		•••	•••	$\begin{array}{c c} 6 \\ 2 \end{array}$
Kiama Lismore	$\begin{bmatrix} 2,270 \\ 14,870 \end{bmatrix}$		•••	 8		 3	•••	•••	•••	2	•••	•…	•••	•••	•••	•••	3
Lithgow	14,360			46		14	•••	2	1	ī	ï			•••	•••	•••	2
Maclean	1,660 1,800	•••	•••	1	•••	$\begin{array}{c c} 4 \\ 1 \end{array}$	• • •	• • •	•••	•••	•••	•••	•••	•••	•••	•••	•••
Moama	$\begin{array}{c c} 670 \\ 1,650 \end{array}$		•••		•••			•••	•••					•••		•••	
Molong	5,030	•••	•••	$\begin{bmatrix} 2 \\ 5 \end{bmatrix}$		$\frac{1}{3}$		•••	•••	•••	•••	•••	•••	•••	ï	•••	2
Mudgee	$\begin{array}{c c} 4,160 \\ 1,580 \end{array}$	•••	•••	$\frac{2}{1}$		8		2	•••		•••		•••	1			1
Murrumburrah	2,620	••••	•••	$\frac{1}{2}$		3	•••		•••	•••	•••	•••		•••	•••	•••	
Murrurundi	1,060 4,850	•••	•••	$egin{array}{c} 1 \ 5 \end{array}$	•••	8		1	•••	•••	•••	•••	•••	•••	•••		•••
Muswellbrook	3,870	•••	•••	5				5	•••		•••			•••	•••		ï
Narrabri Narrandera	3,290 4,180	•••	•••	$\begin{bmatrix} 3 \\ 9 \end{bmatrix}$		$\begin{bmatrix} 7 \\ 1 \end{bmatrix}$	1		•••	•••			•••	$\frac{\cdots}{2}$	•••	•••	•••
Narromine	1,800 3,490	•••	•••	2		2		•••			•••		•••		•••		2
Nowra Nyngan	1,780		• • •	• • •		•••	•••	•••		•••	•••			 1	•••		1
Orange	$\begin{bmatrix} 13,360 \\ 6,790 \end{bmatrix}$	•••	•••	$\begin{bmatrix} 22 \\ 12 \end{bmatrix}$	•••	11 5		1	•••	•••			•••	ī			5
Peak Hill	1,150	•••		•••		1		•••	•••	•••	•••	•••	•••	•••	•••	•••	2
Penrith Port Macquarie	$\begin{bmatrix} 4,860 \\ 2,790 \end{bmatrix}$	•••	•••	$egin{array}{c} 2 \ 2 \end{array}$	•••	1	1	2	1	•••	•••	•••		•••			•••
Queanbeyan	4,930		•••	$\tilde{7}$		1			•••	1	•••	•••	•••	•••	•••	•••	2
Qairindi	$\begin{bmatrix} 2,620 \\ 3,300 \end{bmatrix}$		•••	4	•••			i	•••	•••	•••	•••		•••	•••		1
Scone	2,250	•••	•••	1	•••	6	•••		•••		•••			•••	•••		•••
Shellharbour	2,990 790		•••	•••	•••		•••	•••	1	•••	•••			•••	•••		1
St. Mary's	5,110 11,860			$\begin{bmatrix} 3 \\ 7 \end{bmatrix}$	•••	8	1	8	1								ï
Tamworth Taree	5,340	ï	•••			1		8	•••	1	1	•••			•••		1
Temora	4,140	1		4					1]	•••

TABLE III—continued.

Remainder of State—Return showing the number of cases, etc., from Country Municipalities—continued.

Municipality.	Estimated Population at 31st December,	aı	hoid nd yphoid.	Scar Fev		Dipht	heria.	Infa Para		Cere spi Menir	nal	Eneep Letha		Puerj Infec			onary culosis.
	1946.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	С.	D.	C.	D.
			Co	UNTRY	MUNIC	CIPALITI	ES—co	ontinue	ed.			٠		7			
Tenterfied	3,000	1	1	1 2	1 8		i	1	. 1	1	t	1	ı	ı	1	1	
Ulladulla	1,800		•••		•••	•••	• • • •	•			•••	•••		• • • • • • • • • • • • • • • • • • • •		• • • •	***
Ulmarra	1,670		•••	•••		1	• • • •	•••	•••	• • • •	•••	•••	•••		•••	• • •	* * *
Uralla	1,170	•••	•••	5	•••	$\frac{1}{2}$	•••	• • •	• • • •		•••	• • • •	•••	1	1	•••	• • •
Wagge Wagge	1,170	•••	• • • •	1	••••		•••	• • •	•••	• • •	• • •	•••	• • •	1	1	•••	•••
Wagga Wagga		•••	• • •	64	•••	11	•••	4		•••	•••	• • • •	•••	• • •		•••	2
Walcha	1,550	•••	• • • •		•••	1	•••	• • •	• • •	• • • •	• • •	•••	• • • •			•••	• • •
Warren	1,730	•••		2			• • •	• • •	•••	• • • •	• • •	•••			•••		
Wellington	4,680	•••	• • • •	8		5		• • •	• • • •								1
Wentworth	2,360			2			•••	1						1			
Wileannia	780			3		1											
Windsor	3,790			5					1								1
Wingham	2,050				•••	•••	1	• • •			•••		• • •			• • •	î
Wollongong	17,440										1						5
Yass	3,220	1	•••	2	•••	5	•••	1	1	•••		•••	•••	• • • •	• • •	* * *	ე ე
	4,590	•••	•••		•••	5	• • • •	1	1		•••	•••	•••	•••	• • •	• • •	
Young	4,000	•••	•••	•••	•••	9	•••	•••	•••	•••]	•••	• • •	•••	• • •	•••	•••	•••
Total, Municipalities	437,400	12	•••	467	•••	383	13	56	. 9	13	6	•••	•••	20	3		96

Table III—continued.

Remainder of State—Return showing the number of cases, etc., from Country Shires.

Shires.	Estimated Population at 31st December,	Typ ai Paraty		Scar Fev		Diphtl	he ri a.		ntile lysis.		ebro- nal ngitis.		dialitis irgiea.	Puer Infee		Pulm Tuber	ionary eulosis.
	1946.	C.	D.	C.	D.	C.	D.	C.	D.	С.	D.	C.	D.	C.	D.	C.	D.
	1	1		Co	UNTRY	SHIRE	s.	r		1			•	1	'	1	
Abercrombie	3,940			6			١,		1 1		t	1	1	ı	ı		1
Amaroo	2,310	•••	•••	4	•••	i	• • •	•••	•••	•••	•••	•••	•••	•••	•••	• • • •	•••
Apsley		•••	•••		•••	$\frac{1}{2}$	1	• • •		• • •		•••	•••	• • • •	• • •		***
Ashford		• • •				$\bar{1}$		1		•••							•••
Barraba	1,680	•••		$\frac{1}{2}$		$\overline{4}$		ī									•••
Baulkham Hills	10,410	•••		11		2		$\overline{2}$		•••							3
Bellingen	6,340	•••		1		3	•••	1	1	• • •		1			•••		2
Berrigan				2		4											
Bibbenluko	2,350	•••		4		• • •			1								2
Bingara	2,900	•••		7	•••					• • •	•••			1	• • •		
Blacktown				10		11		11		•••		•••		1	• • •		2
Bland	8,770			22	• • •	10		• • •									3
Blaxland	9,240	• • •		14		9		2	1	1	1	•••		•••	• • •		1
Blue Mountains	9,850	•••		8		3		• • •		• • •	•••	•••	• • • •	• • •	•••		14
Bogan	1,510	•••			•••	•••		• • •		• • •	•••	• • •		• • •	•••		• • •
Boolooroo	3,130			$2 \mid$		5		•••		• • •		•••		•••	•••		• • •
Boomi	2,950	• • •		3	•••	• • •		1		• • •	•••				•••	•••	•••
Boorowa	3,360	•••		10		• • •	• • •	• • •				• • •	• • • •	• • • •	• • •		
Boree	5,930	•••		10	•••	1	•••	1		•••		•••	•••	•••	•••	• • •	3
Bulli	17,020	• • •	1	•••	•••	•••	•••	•••	1	•••		•••	•••	• • •		• • •	2
Burrangong	4,700	•••		$\frac{6}{2}$	•••	1	•••	2		•••	•••	•••		• • •	• • •	•••	• • •
Byron	8,700	•••	•••	2	•••	3	•••	1	•••	•••	•••	•••	• • • •	•••	• • •	•••	•••
Cambewarra	1,280	•••	•••	• • • •	•••	• • •	•••	•••	•••	• • •	•••	•••	•••		• • • •	•••	•••
Canobolas		•••	••••	7	•••	1	•••	•••	•••	•••	•••	•••	•••	I	1	•••	4
Carrathool	4,470	•••	•••	2	•••	1	•••	• • •		• • •	•••	•••	•••	• • • •	• • •	•••	•••
Clyde	2,200	•••	•••	• • • •	•••		•••		1	•••	•••	•••	•••	•••	• • •	•••	
Cobbora	4,450	•••	•••	$\begin{array}{c c} 4 \\ 1 \end{array}$	•••	4		1 5	•••	•••	1	•••	• • • •	•••	• • •	•••	•••
Cockburn	4,740	•••	•••	3	•••	1	1	_	•••	• • •	1	• • •	•••	•••	• • •	•••	1
Colo		•••	•••	3	•••	1	•••	• • •	•••	•••	•••	•••	•••	•••	•••	•••	1
Conargo		•••	•••	1	•••	_		•••	• • • •	•••	***	•••	•••	•••	• • •	•••	• • •
Coolah	5,160	•••	•••	5	• • •	1	•••	•••	•••	•••	•••	• • • •	•••	1	•••	•••	•••
Coolamon Coonabarabran		•••	•••	$\frac{3}{6}$	•••	$\frac{1}{2}$	1	 1	•••	 1	•••	•••	•••		•••	• • •	1
	2,680	•••	•••	U	•••	_	1	1	•••	1	•••	•••	•••	•••	•••	•••	1
Coreen	0.030	•••	•••	4	•••	3	•••	• • •	•••	• • •	•••				• • •	• • •	1
Crookwell		•••	•••	30	•••	i	•••	$\frac{\cdots}{2}$		• • •	•••	•••	•••	•••	•••	•••	1
Cudgegong			•••	11		6				• • •					•••		î
Cudgegong			•••	$\begin{vmatrix} 11\\34 \end{vmatrix}$	•••			5	i	•••				•••	• • •		
Demondrille				î		4		•••							•••		• • •
Dorrigo	13,030			6		18	1	3		•••				1	•••	•••	i
Dumaresq				8		4								1			
Erina				3		1		5									5
Eurobodalla			•••	1		1											2
Gilgandra			• • •	9		1											
Gloueester		• • •				•••		• • •		• • •				• • •		•••	1
Goobang		•••		5		• • •		• • •							• • •	•••	• • •
Goodradigbee				1		• • •		• • •							• • •		
Gostwyck	3,470			2		2		2				•••			• • •	• • •	2
Gulgong	3,400	•••		14		•••		• • •		• • •				•••	• • •	•••	***
Gundagai	4,700			6		$\frac{2}{2}$		1			• • •		•••		• • •	•••	• • •
Gundurimba	3,960		•••	1		1	• • •	1		•••		•••	•••	•••	•••		• • •
Gunning	2,460			6		3		• • •		• • •	• • • •		•••	•••	• • •		•••
Guyra				13		6	1	• • •		• • •	•••	•••	•••	•••			•••

TABLE III—continued REMAINDER OF STATE—Return showing the number of cases, etc., from Country Shires—continued.

Shires,	Estimated Population at 31st	a	hoid nd yphoid.	Scar Fev		Dipht	her i a.	Infa Para		Cere spi Menir	nal	Encep Letha	halitis rgica.	Puerj Infec		Pulm Tuber	onary culosis.
	December, 1946.	С.	D.	C.	D.	C.	D.	С.	D.	C.	D.	C.	D.	С.	D.	c.	D.
				Соп	NTRY	Shires	—cont	inued.									
Harwood	4,650 9,490	• • •	•••	$\begin{bmatrix} 2 \\ 4 \end{bmatrix}$	• • •	13 2	1	$\begin{vmatrix} 1\\4 \end{vmatrix}$						•••	•••		
Holbrook	2,320 4,630		•••	$\begin{array}{c} 15 \\ 6 \end{array}$	 1	3 5	 1	• • • • • • • • • • • • • • • • • • • •	•••		• • • •	• • • •	• • • •	•••	•••	•••	• • • • • • • • • • • • • • • • • • • •
Illabo	2,160	•••		$\frac{3}{2}$				• • • •							•••		
Illawarra, Central Imlay	$15,080 \\ 4,800$	•••	• • • •	• • •	•••	•••	• • • •		•••	• • • •	•••	•••	• • • •		• • • •	•••	$\begin{vmatrix} 2\\1 \end{vmatrix}$
Jemalong	3,470	•••	• • • •	$\frac{\cdots}{2}$	•••	$\frac{\cdots}{2}$	•••		•••	• • •				•••			1
Jerilderie	$1,530 \\ 2,250$	•••	•••	9		5	•••		•••	• • • •		•••	•••	•••	•••		
Kyeamba	4,400	• • • •	•••	7	•••	$\frac{3}{20}$	•••	•••	• • • •		•••		•••	•••	•••		1 1
Kyogle	11,420	• • •		1		2	1	1			•••			1	•••		
LachlanLeeton	$\begin{bmatrix} 5,360 \\ 8,870 \end{bmatrix}$	•••		$\begin{array}{c c} 2 \\ \dots \end{array}$		•••				•••	•••	•••	•••	•••		•••	
Liverpool Plains	4,300			3		4	•••	•••	• • •	• • •	•••	•••	• • •	•••	1	•••	
Lockhart Lyndhurst	$egin{array}{c c} 4,620 \\ 6,200 \\ \hline \end{array}$	 1	• • •	18 11	•••	$\frac{13}{2}$	•••		•••	•••	•••	•••	•••	•••	•••	•••	 4
Macintyre	4,150		•••	$\begin{bmatrix} 11\\2 \end{bmatrix}$	•••	3	•••	$\frac{\cdots}{2}$	•••	i	•••		•••	•••	•••	•••	•••
Macleay	8,590 3,380	• • •	•••	$\frac{\cdots}{2}$		1 1	• • •	1	1 1		•••	•••			•••	•••	2
Mandowa	1,420	•••	• • •	$\begin{array}{c c} & z \\ 1 & \end{array}$		1	• • •	• • •		•••	•••	•••	•••	•••	•••	•••	•••
Manning	13,960	•••	•••			1	2	•••	1	•••	•••	•••	•••	•••	•••	•••	•••
Marthaguy Merriwa	$\begin{bmatrix} 2,070 \\ 2,490 \end{bmatrix}$	• • •	•••	1 1	•••	• • •	•••	• • •	•••	•••	•••	•••	•••	•••	•••	• • •	•••
Mitchell	2,950			12		2	•••	2	•••		•••	•••			•••		1
Monaro Mulwaree	2,280 5,770	• • •	•••	$\begin{array}{c c} 1\\14 \end{array}$	•••	$\frac{\cdots}{2}$	•••	• • •	•••	1	 1	•••	•••	•••	•••	•••	ï
Mumbulla	4,160	•••		2							•••						ī
Murray	$\begin{bmatrix} 2,060 \\ 650 \end{bmatrix}$	•••		1	•••	1 1	 1	• • •	• • • •	•••	•••	•••	•••	•••	•••	•••	•••
Muswellbrook	3,630	•••	•••					• • •			• • •		•••	•••	•••	•••	ï
Nambucca Namoi	8,380 8,050	•••	•••	1		1	•••	$\begin{array}{c c} 3 \\ 1 \end{array}$	1	• • •	•••	• • • •	•••]		•••	1
Narraburra	3,260			$\begin{bmatrix} 1\\2 \end{bmatrix}$		$\frac{1}{2}$	1		• • •	•••							•••
Nattai	5,460	• • •		• • •			•••	•••	•••	•••		•••			•••	•••	1
Nepean Nundle	$\begin{array}{c c} 4,340 \\ 1,420 \end{array}$			1	• • •	$\begin{bmatrix} \cdots \\ 2 \end{bmatrix}$		•••				•••				•••	
Nymboida	2,330		• • •						•••			•••			•••		•••
Oberon	3,180 1,570		•••	10	•••	1		2	•••	•••	•••	•••		•••	•••		•••
Patrick's Plains	5,470			10				5				• • •					•••
Peel	6,080 4,460	•••	•••	5 3	•••	$\begin{bmatrix} 5 \\ 5 \end{bmatrix}$	•••	1	•••	•••	•••	•••	•••	•••	•••		1
Severn	5,040	• • •	•••	5	•••	i	• • •	•••	•••		•••					•••	•••
Snowy River	3,330	1	•••		•••		•••	•••	•••	•••	•••	•••				•••	•••
Stroud	$6,520 \\ 27,610$	•••	•••	$\begin{bmatrix} 2 \\ 34 \end{bmatrix}$	•••	$\begin{array}{c c} 1 & \\ 9 & \end{array}$	•••	$\frac{\cdots}{26}$	•••	1	•••	•••	•••	2		•••	4
Talbragar	3,330	•••	•••			3	•••	•••				•••					•••
Talaganda Tamarang	$\begin{bmatrix} 2,910 \\ 2,470 \end{bmatrix}$	•••	•••	$\begin{bmatrix} 2 \\ 1 \end{bmatrix}$	•••	•••	•••	•••	•••	•••		•••	•••	1	•••	•••	•••
Tenterfield	4,570					ï	•••		•••				•••				•••
Terania Timbrebongie	6,990 3,340			1	•••	6	2	$2 \mid$	•••	1			•••	•••	•••		•••
Tintenbar	4,800	•••		$\stackrel{\cdots}{2}$		i				•••	•••			•••	•••	•••	1
Tomki Tumbarumba	3,680 3,190	•••	•••	$\frac{\dots}{24}$		13	•••	•••	•••	•••	•••	•••	•••	1	•••	•••	•••
Tumut	8,350	•••		13		5					1	•••	•••	•••	•••	•••	•••
Turon	$\begin{array}{c c} 3,540 \\ 14,250 \end{array}$	•••	•••	$\begin{bmatrix} 2 \\ 5 \end{bmatrix}$		$\begin{bmatrix} 2 \\ 2 \end{bmatrix}$		2			•••				•••	•••	
Upper Hunter	4,940			$\begin{bmatrix} 6 \\ \end{bmatrix}$		$\begin{bmatrix} 2\\1 \end{bmatrix}$		$\begin{bmatrix} 2 \\ 3 \end{bmatrix}$			•••	•••	•••	1	•••	•••	3
Urana	$\begin{bmatrix} 2,480 \\ 10,800 \end{bmatrix}$	•••		7						•••		•••	••••	•••	•••	•••	•••
Wade Wakool	3,460	•••	•••	18 7		$egin{array}{c c} 5 & \\ 4 & \\ \end{array}$	•••	•••	•••	•••	•••		•••		•••	•••	•••
Walgett	3,420														•••		1
WallarobbaWaradgery	4,320 640	•••	•••	$\begin{array}{c c} 2 \\ \dots \end{array}$		1		•••				•••		•••	•••	•••	•••
Warrah	1,830		•••	•••			•••						•••	•••	•••		
Waugoola	$\begin{bmatrix} 4,610 \\ 3,100 \end{bmatrix}$	•••		4				${2}$	1	1	 1	•••	•••	•••	•••	•••	1
Windouran	500	•••	•••		•••	•••		•••				•••	•••		•••	• • •	•••
WingadeeWingecarribee	3,020 7,180	•••		•••	•••	5	1	•••	•••	1	1	•••	•••		•••	•••	2
Wollondilly	7,730	• • •		•••		•••	•••	•••	1			•••	•••		•••	•••	4
Woodburn	4,330 5,080	• • •	•••	1 8		$\begin{bmatrix} \\ 2 \end{bmatrix}$	•••	•••	•••	•••					•••	•••	1
Yallaroi	3,730	•••	•••		•••	$\frac{2}{2}$	 1	•••	•••	•••	•••	•••	•••	•••	•••	•••	•••
Yanko Yarrowlumla	3,480 3,010	•••	•••	$\begin{vmatrix} 4\\20 \end{vmatrix}$	•••	 1	•••	•••	•••	1	•••	•••			•••	•••	•••
										1				1	•••		
Total, Shires	673,330	2	1	633	1	289	16	107	12	10	6	1		13	2	•••	94
	Į.							1									

Table III—continued.

REMAINDER OF STATE.—Return showing the number of cases, etc., from Country Shires—continued.

Shire.	Estimated Population at 31st December,	Typ: ar Paraty	hoid id phoid.	Scar Fev		Diphtl	heria.	Infa Para		Cere spi Menir	nal	Encep Letha	halitis rgica.	Puer Infec	perai tion.	Pulm Tuber	onary culosis.
	1946.	C.	D.	c.	D.	C.	D.	C.	D,	· C.	D.	С.	D.	C.	D.	С.	D.
		WEST	ern I	Oivision	ואU) א	NCORPO	RATED) Pol	ice D	ISTRIC	rs.*			<u> </u>			
Balranald	•••		•••	•••									1 1	•••			•••
Bourke	•••	•••	•••	•••	•••	•••	•••	•••					• • •	• • •	•••		•••
Brewarrina Broken Hill	•••	•••	•••	•••	•••	•••	•••	•••	•••		•••	• • •	•••	• • •	• • •		•••
0.1	•••	•••	•••	•••	•••	•••	•••	•••	•••	•••	• • •	•••	•••	• • •	•••		•••
Collarenebri	• • •	***	•••	3	•••	•••	•••	•••	•••	•••	•••	•••	•••	•••	• • •		•••
Hay	•••	•••	•••		•••	•••	•••	•••	•••	•••	•••	•••	•••	•••	•••		•••
Hillston	• • •	•••	• • •	•••	•••	•••	•••	•••	•••	•••	•••	•••	•••	•••	•••	•••	• • •
Ivanhoe	•••	•••	• • •	•••	•••	•••	•••	•••	•••	•••	***	•••	•••	•••	•••	•••	• • •
Menindie	•••	•••		•••	•••	• • •	•••	•••	•••	•••	•••	•••	•••	•••	•••	•••	•••
Mitchell				• • •	•••	•••	***	•••	•••	•••	***	•••	•••	• • •	•••	•••	•••
Nyngan	•••				•••	•••	•••	•••	•••	•••	•••	•••	•••	***	•••	•••	•••
Walgett	•••	1		•••			• • • •	•••	•••	•••	***	•••	•••	• • •	• • •	•••	***
Wentworth								•••	•••	•••	•••	•••	•••	• • •	•••	•••	•••
Wilcannia					•••				•••		•••		• • • •	•••	•••	•••	•••
												•••	•••	•••	•••	•••	•••
Total, Unincorporated	14,990	1		3	•••	•••			•••		•••	•••	•••	•••	•••	•••	2
			• Deatl	hs avaiia	ble only	for unit	ncorpora	ated are	a as a	whole.							
						Misce	ELLANE	ovs.									

Lord F	Iowe Island	185			i	ı				,	ı		, .			,			
Migrate		7,097	•••	•••	•••	•••		•••	•••	•••	•••	•••	•••	•••	• • •	•••	• • •	•••	
	e the State—	,,,,,,			•••	•••		•••	•••	•••	•••	•••	•••	***	• • •	•••	•••	•••	
Aust	ralian Capital																		
Te	erritory	•••			•••														
Que	ensland	•••		•••	•••						•••		•••	•••	•••	* * *	•••	***	
Victori		•••		•••	•••								•••	•••	•••	•••	•••	***	
Sout	h Australia	•••			•••			•••						•••	• • •	• • • •	•••	•••	
To	otal, Miscellaneous	7,282		•••										•••			i		
_																		•••	
To	otal, N.S.W	2,962,392	25	3	3,090	4	1,279	57	656	52	89	29	3	1	185	10		818	
					l		ļ į			i					i				

Table Showing Age and Sex Incidence, and Mortality, in the Metropolitan Combined District, Hunter River Combined District, Broken Hill District, and Remainder of State, from the notified cases of Cerebro-spinal Fever (Meningococcal Meningitis), Diphtheria and Membranous Croup, Infantile Paralysis (Acute Anterior Poliomyelitis), Encephalitis Lethargica, Scarlet Fever, Typhoid Fever (including Paratyphoid) and Pulmonary Tuberculosis, Puerperal Infection, for the year ended 31st December, 1946.

Infection	Mortality	Notified Deaths.	E4	60	:::::::::::::::::::::::::::::::::::::::	¢:		:	 	70	
Puerperal Infection	Incidence.	Notified Cases.	H.	148	1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	-		c1		31	::-o=n=::0
losis.	Mortality.	Notified Deaths.	Total.	179 580	220 31 2 3 3 4 125 20 136 83 83 83 83 83 83 83 83 83 83 83 83 83	191 451		2 11		69 182	
Pulmonary Tuberculosis.	Mor	No De	1. M. E	401 1	11111111111111111111111111111111111111	361		6		113	::::::::::::::::::::::::::::::::::::::
Pulmonar	Incidence.	Notified Cases.	F. Total.	: 				:		: : :	
itis.		hed hs.	Total.	14	987 777	= =		: = :		12	+ 0 - 0 -
nal Mening	Mortality	Notified Deaths.	1. M. F.	54 11 3			; s :- : : : : : : : : : : : : : : : : :	<u>:</u>		8 22	0101 1 1 1 1 1 1 1 1
Cerebro-spinal Meningitis.	Incidence.	Notified Cases.	F. Total.	28 26	1200 :010000	 		1 1		<u></u>	5146144 14
	ulity.	fied ths.	Total. M.	1 = 0	::::::	= =		: =		14	
Encephalitis Lethargica.	Mortality	Notified Deaths.	ul. M. F.	2 1				:		<u>1</u>	
Encepha	Incidence.	Notified Cases.	M. F. Total.	cr.		Ci.		: : :			
å	ality.	Notified Deaths.	Total.	TED DISTRICT	: : : : : : : : : : : : : : : : : : :	ED DISTRICT		DISTRICT.		STATE.	400 FM H H
Infantile Paralysis	Mortality	Not Dea	al. M. F.	TAN COMBINED 453 19 10	2227 201 2227 302 802 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ER COMBINED		HILL :		0F	2440 1777 1877 1877 1877 1877 1877 1877 187
Infanti	Incidence.	Notified Cases.	M. F. Total.	METROPOLITAN 238 215 453	63 45 119 108 2 3 43 43 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Honter River		BROKEN	—	REMAINDER 98 62 160	128 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Mortality.	Notified Deaths.	. Total.	M 2016	100	Hr Ht	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	÷	111	27	157 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
Diphtheria.		Noi	Total. M. F.	414 11	6 1 1 2 3 1 1 1 2 3 1 1 1 2 3 1 1 1 2 3 1 1 1 1	129 5	1	84 2	22 4 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	588 15 12	21020 21222 22222 25222 25222 25222 25222 25222 25222 25222 25222 25222 25222 25222 25222 25222 25222 25222 252 2522 2522 2522 2522 252
Dip	Incidence.	Notified Cases.		199 215	111 112 111 112 113 114 115 117 117 117 117 117 117 117 117 117	62, 67,	m & 1 m & 1 m m & 1 m m & 1 m m & 1 m m & 1 m m & 1 m m & 1 m m & 1 m m & 1 m m & 1 m m & 1 m m & 1 m m & 1 m & 1 m m & 1 m & 1 m m & 1 m & 1 m m & 1 m & 1 m & 1 m m & 1 m & 1 m & 1 m m & 1 m & 1 m & 1 m & 1 m m & 1 m &	33 51	16 12 14 15 15 15 15 15 15 15 15 15 15 15 15 15	255 333	108 108 108 112 124 144 144 147 171 171 171 171 171 171 17
	ulity.	fied ths.	Total.	31 2		= =		:		1 25	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Scarlet Fever.	Mortality.	Notified Deaths.	al. M. F.	58 2	857 1264 1264 127 128 128 128 128 128 128	±1 11		55	0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	78 1	2314 538 538 50 60 88 88 10 10 99
Scarlet	Incidence.	Notified Cases.	F. Total.	1,070 1,758	229.55 529.55 91.74 13.86 13.8	95 1	1 3 8 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	14	:	683 1,078	169 348 474 245 61 157 745 6
			tal. N.	1 688	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 46	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1 395	145 190 1 20 145 145 145 13
d and phoid.	Mortality	Notified Deaths.	M. F. Tot	1		- ,		:		1 1	
Typhoid and Paratyphoid.	Incidence.	Notified Cases.	F. Total.	3	::	- e		: (4 15	::
	Age Group.		M.	Allages	Under I year	All ages 3	Under 1 year 1 – 4 years 15–14 ,,, 15–24 ,,, 25–34 ,,, 35–44 ,,, 65–64 ,,, 65 and over	All ages	Under 1 year. 1	All ages	Under I year
	~		1	Alla	Under 1 1-4y 1-4y 15-14 25-34 25-34 45-4 45-64 65 and Not sta	Alla	Und 115-1-15-1-15-1-15-1-15-15-15-15-15-15-1	Alla	Under 1 - 4 y 5-14 15-14	Alla	Und 11-1-15-15-15-15-15-15-15-15-15-15-15-15

Table V. Showing the seasonal prevalence of Cerebro-spinal fever (Meningococcal Meningitis), Diphtheria, and Membranous Croup, Infantile Paralysis (Acute Anterior Poliomyelitis), Encephalitis Lethargica, Searlet Fever, Typhoid Fever (including Paratyphoid) Pulmonary Tuberculosis, and Puerperal Infection in New South Wales for the year ended 31st December. 1946.

wales for	the year	ended 31s	Decemb	er. 1946.						
Month.	Com	politan bined ricts.	Com	r River bined ricts.		n Hill riet.	Remain Sta	nder of	То	tal.
4	С.	D.	С.	D.	С.	D.	С.	D.	С.	D.
		1	1	1	1	1	I	1		
			Тур	ohoid and P	aratyphoid	Fever.				
muary	4	1					5	•••	ļ 9	1
ebruaryarch		•••	1 1	• • •	•••	• • •			$\begin{bmatrix} 5 \\ 2 \end{bmatrix}$	•••
pril ay	•••	•••		1		•••	2	•••	2	1
me	1			•••		•••	• • •	•••	$\begin{bmatrix} 1 \\ 1 \end{bmatrix}$	•••
nly	•••			•••	•••	• • •	* • •	•••		
eptemberetober	•••	•••		•••	***	•••	• • •	•••	•••	• • •
ovember	• • •			•••	•••	•••	•••	₁	•••	
eeember	•••	•••	•••			•••	4	•••	4	
Total	6	1	3	1		•••	15	1	24	3
							<u>'</u>		1	
				Scarlet	Fever.					
anuary	288		25	1			188	1	518	2
ebruaryarch	$\begin{array}{c} 177 \\ 203 \end{array}$	1	16 12	•••	6	•••	$\begin{array}{c c} 170 \\ 138 \end{array}$	•••	$\begin{bmatrix} 373 \\ 374 \end{bmatrix}$	1
oril	176		19	•••	1	•••	155	• • •	363	• • •
ay	$\begin{array}{c} 136 \\ 99 \end{array}$	•••	15 13	•••	2	•••	108 83	• • •	268 198	•••
dy	128		4	•••	4	•••	72	• • •	209	•••
ugust	108 126	1	$\frac{7}{2}$	•••	7	•••	$\begin{array}{c} 45 \\ 43 \end{array}$	• • •	$\begin{array}{c c} 169 \\ 175 \end{array}$	1
ctober	123		5		•••	•••	35	• • •	171	•••
ovember	106 88	•••	7 16		$\frac{2}{3}$	•••	$\frac{23}{18}$	• • •	$\begin{array}{c c} & 143 \\ 129 \end{array}$	•••
Total	1,758	$\frac{1}{2}$	141	1	25	•••	1,078		3,090	4
ŧ		1	1		1					
				Diphth	ieria.					
nuary	117	2	32	1	6	2	83	1	257	6
ebruaryarch	$\begin{array}{c} 57 \\ 30 \end{array}$	3	18 11	3	1 17	•••	$\begin{bmatrix} 70 \\ 90 \end{bmatrix}$	$rac{4}{3}$	155 157	7 6
oril	42	•••	11	2	14	* * *	65	8	137	10
ay	39 31	$\begin{bmatrix} 6 \\ 4 \end{bmatrix}$	14 7	2	19 7	•••	74 54	4 1	$\begin{bmatrix} 157 \\ 100 \end{bmatrix}$	12 5
ly	19		4	•••	4	•••	24	$\frac{1}{2}$	54	$\frac{5}{2}$
gustptember	$\frac{24}{15}$	$\frac{2}{2}$	$\begin{array}{c c} 5 \\ 6 \end{array}$		3 5	•••	$\begin{array}{c} 25 \\ 18 \end{array}$	I 1	57	3
etober	8	$\frac{2}{1}$	· 13	•••	4	•••	$\begin{vmatrix} 13 \\ 20 \end{vmatrix}$		$\begin{array}{ c c c }\hline & \textbf{45} \\ \textbf{49} & \end{array}$	1
ovember	17 15	•••	$\frac{1}{7}$	•••	$\frac{1}{3}$	•••	$\frac{35}{30}$	2	55 56	2
Total	414	20	129	8	84		588	27	1,279	57
					O.		300	21	1,210	
				Infan	tile Paralys	is.				
nuary	34	4	5		1 1	•••	26	$\frac{2}{2}$	66	ϵ
bruary	37 53	$\frac{2}{3}$	$\frac{3}{4}$	•••	$\frac{1}{2}$	•••	$\begin{array}{c} 24 \\ 19 \end{array}$	1 1	$\begin{bmatrix} & 66 \\ 76 \end{bmatrix}$	$\frac{3}{4}$
oril	33	2		•••	•••	•••	15	•••	50	2
ne	$\begin{bmatrix} 159 \\ 84 \end{bmatrix}$	$\frac{7}{3}$	$\begin{bmatrix} 2 \\ 3 \end{bmatrix}$	•••	•••	•••	39 18	6 6	$\begin{bmatrix} 205 \\ 115 \end{bmatrix}$	13 9
ly	29	5	1	•••	•••	•••	11	3	42	8
gustptember	$\begin{array}{c c} 12 \\ 4 \end{array}$	2	***	•••	•••	•••	$\begin{bmatrix} 1 \\ 4 \end{bmatrix}$		$\begin{array}{c c} 15 \\ 9 \end{array}$	2
tober	3	•••	1	•••	•••	• • •	1	•••	5	1
vember	$\frac{2}{3}$		* • •	•••	•••	•••	2	$\frac{2}{1}$	2 5	$\frac{2}{2}$
_			•••	•••						
Total	453	29	19	•••	3	•••	160	23	356	52

TABLE V—continued.

Month.		politan bined ricts.	Hunter Comb Distr	oined	Broker Distr		Remai Sta	nder of te.	Tota	al.
	С.	D.	C.	D.	C.	D.	C.	D.	С.	D.
January February March April May June July August September October November December	1 8 2 6 3 9 4 3	2 1 1 1 2 3 1 2 1	Cer 1 2 1 4 1	ebo-Spinal	Meningitis. I		2 1 3 2 1 2 2 5 3 1	 1 2 4 1 2 1	. 6 2 9 5 12 5 15 6 8 12 6 3	2 2 3 3 6 3 2 1 3 3 1
Total	54	14	9	3	1		22	12	89	29
January		… }		•••	Lethargica.		··· ₁		··;	•••
February March April	1	•••	•••	•••	•••	•••	1 		1	• • •
May June July			•••	•••	•••	•••	•••	•••	•••	•••
August September October	il		•••	•••	•••	•••	•••	•••		
November December	•••	•••	•••	•••	•••	•••	•••	•••	•••	•••
Total	2	1	•••	•••		•••	1	•••	3	1
			P	ulmonary I	Tuberculosis.					
January February March April May June July August September October November December		49 43 41 34 54 51 64 56 50 51 50 37		2 4 3 3 2 4 6 5 3 5 1		1 2 1 1 2 2 1 1 1		21 15 12 13 10 15 24 15 10 17 11		73 62 56 50 68 71 95 78 65 74 63
Total		580		45		11		182		818
JanuaryFebruary	$oxed{ \begin{vmatrix} 14 \ 20 \end{vmatrix} }$	1	: 1	Puerperal I	infection.	:::	3 1	1	18 23	4
March April May June July August September October November December	22 8 10 14 14 10 12 6 8 10	 1 	2 		 1 		6 4 2 2 6 	 2 1 	30 12 14 16 16 16 13 7 9 11	 2 2
Total	148	3	4	2	2		31	5	185	10

SUMMARY.

District.	Typl Fev		Scarl Feve		Dipht	heria.	Infa Para	ntile lysis.	Cerel spli Menin	nal	Encep Letha		Puerj Infec			onary culosis.
	С.	D.	С.	D.	C.	D.	С.	D.	С.	D.	C.	D.	С.	D.	С.	D.
Metropolitan Combined Sanitary District Hunter River Combined District Broken Hill District South Coast Health District Remainder of State— Municipalities Shires Unincorporated Lord Howe Island A.C.T.	$\begin{bmatrix} 6 \\ 3 \\ \\ 1 \\ 12 \\ 2 \\ 1 \end{bmatrix}$	1 1 	1,758 141 25 88 442 633 3 	2 1 1 	414 129 84 64 299 289 	20 8 2 27 	453 19 3 21 53 107 		54 9 1 3 12 10 	14 3 12 	2 		148 4 2 18 13 	3 2 5 		580 45 11 182
Total	25	3	3,090	4	1,279	57	656		89	29	3		185	10		818

Table VI.—Showing the number of Cases of Infectious Diseases notified in the State of New South Wales during the years 1898 to 1946 inclusive, and the number of deaths therefrom.

			year	rs 1898	to 1	946 111	clusiv	e, and	the	num	oer of	deat	hs th	erefroi	n.				
Year.	Mean Population.	Typl Feve		Scar Feve		Diphth	cria.*	Plage	ıe.†	Infa Para	ntile lysis.‡	Cerc spi Menin	nal	Encep Letha	halitis rgica.		onary per- sis.¶	Infe	rperal
		C.	D.	C.	D.	C.	D.	C.	D.	C.	D.	С.	D.	C.	D.	C.	D.	C.	D.
1898 1899 1900 1901 1902 1903 1904 1905 1906 1907 1908 1910 1911 1912 1913 1914 1915 1916 1917 1918 1919 1920 1921 1922 1923 1924 1925 1926 1927 1928 1929 1930 1931 1932 1933 1934 1935 1936 1937 1938	1,312,455 1,333,605 1,354,335 1,366,900 1,388,400 1,407,400 1,428,700 1,454,800 1,454,800 1,517,900 1,515,700 1,577,200 1,616,200 1,665,265 1,743,958 1,820,066 1,870,460 1,891,191 1,893,479 1,905,194 1,943,356 2,000,573 2,068,585 2,108,485 2,155,522 2,201,531 2,244,403 2,295,516 2,346,903 2,403,881 2,460,410 2,503,026 2,532,289 2,555,871 2,579,741 2,601,782 2,623,560 2,645,575 2,667,839 2,694,679 2,721,196	3,302 2,783 3,442 2,702 2,624 4,855 2,370 2,226 2,373 1,972 2,607 2,615 2,714 1,864 2,126 2,187 2,284 1,941 1,742 1,091 857 1,016 949 706 873 768 533 698 460 453 438 380 340 233 188 141 173 132 118 91	387 347 398 291 276 475 249 239 271 189 307 287 294 184 236 250 219 209 103 112 106 132 129 99 104 97 80 80 68 60 45 48 35 19 19 19 19 19 19 19 19 19 19 19 19 19	6,342 1,389 895 1,288 2,010 5,358 4,056 1,773 3,085 2,570 2,755 7,178 1,642 2,618 662 1,120 3,207 8,335 5,759 2,255 1,308 959 937 1,060 1,153 2,623 3,421 3,043 4,755 8,369 5,531 5,219 4,400 4,477 4,905 4,259 2,166 2,250 3,939 2,493 2,599	83 25 9 16 61 87 50 21 42 26 40 30 23 11 11 23 21 97 107 27 15 10 24 8 11 13 29 27 53 113 105 78 54 36 57 55 19 19 10 10 10 10 10 10 10 10 10 10	1,493 741 726 922 757 1,214 1,584 1,118 1,219 1,376 2,001 2,419 4,989 4,784 5,440 6,380 5,831 5,838 6,588 5,805 5,151 2,826 5,043 6,854 4,094 3,480 4,364 3,004 3,579 4,059 3,835 4,274 4,051 4,432 4,310 3,912 6,167 4,913 7,064 4,244 3,935	169 60 63 131 74 134 156 102 100 133 123 166 207 226 253 310 247 221 114 263 306 207 176 222 118 147 179 168 215 176 168 160 169 193 194 220 143 156	303 140 2 12 56 20 51 6 24	103 103 41 6 21 8 20 3 7								86 666 584 586 674 791 517 657 730 617 705 632 815 1,152 1,022 1,014 969 951 955 939 955 991 946		
1939 1940 1941 1942 1943 1944 1945 1946	2,748,192 2,772,185 2,791,169 2,818,269 2,841,227 2,870,956 2,899,112 2,945,724	63 67 40 31 24 24 29 25	13 9 8 6 4 5 2	3,190 3,026 3,385 1,576 3,940 5,618 6,977 3,090	11 15 6 9 13 11 6 4	4,103 1,834 3,063 1,454 2,268 1,402 1,478 1,297	192 74 121 79 99 69 84 57			33 11 90 34 25 15 668	††2 ††1 ††8 ††1 ††2 ††2 ††47 ††52	22 41 411 879 400 172 117 89	6 13 84 125 89 59 29 29	6 7 13 12 8 3 3	††4 ††4 ††4 ††3 ††2 ††2 ††4 ††1	1,687 1,926 1,916 1,912 1,722 1,743 1,688 1,671	922 892 934 958 890 825 803 818	243 245 270 244 224 205 151 185	38 50 29 36 45 26 13
	tifiable from 1s	t Tanuar	v 1808						-										

Notifiable from 1st January, 1898.

† " " 23rd January, 1900.

† " " 1st February, 1912. Proclamation re-issued 14th August, 1931.

* " " 1st April, 1926.

* " " 11th October, 1915.

* " " 1904, City of Sydney only; from 1915, Metropolitan and Hunter River Districts; from 1916, Blue Mountain Districts.

Notification extended to whole State, March, 1929.

* " 16th August, 1929.

†† Deaths from notifiable forms only.

SECTION I.

A.—COMMUNICABLE DISEASES.

SOCIAL HYGIENE DIVISION.

REPORT OF THE DIRECTOR, DIVISION OF SOCIAL HYGIENE (J. COOPER BOOTH, M.B., Ch.B.) to the Commissioner under the Venereal Diseases Act, 1918, (E. SYDNEY MORRIS, M.D., Ch.M., D.P.H., F.R.A.C.P., Director-General of Public Health), for the years 1941 to 1946.

Staff.

Director: J. Cooper Booth, M.B., Ch.B. (Edin.).

Senior Medical Officer: J. H. Abbott, M.B., Ch.M. (Syd.).

Medical Officers: S. H. Hankins, M.B., Ch.M. (Syd.) (Transferred from Division). A. J. Geoffroy, M.B., ChM.,

D.P.H., D.T.H. (Syd.) (Transferred from Division);

E. H. Staples, M.B., Ch.M. (Syd.).

Clerical: L. MAHER, four assistants and typiste.

Senior Clinical Assistant: R. C. Lewry with Clinic Assistant and seven to five Attendants.

Thirty thousand and thirty notifications of venereal disease were received in the six-year period 1941-1946. Twenty-three thousand five hundred and ninety-two were for males and 6,438 for females. The yearly average for the period was 5,005, the average for males being 3,932 and for females 1,073. Males were above their average for the years 1941, 1942 and 1946, and females were above their average for the years 1943 and 1944. The notification of females as alleged sources of infection helped to bring many under treatment who otherwise would have remained unnotified, and this was especially noticeable in the years 1943 and 1944.

Increase in Venereal Disease in Females:—The number of females notified as infected increased from 842 in the year 1941 to 1,548 in the year 1944, after which it began to decline. In the peak periods over half the women notified as infected admitted being married though many had separated from their husbands.

The age groups of females notified showed the reaction of the 16-20 years group to war conditions. A survey of age groups of females notified disclosed the following percentages in their totals:—

Age Group.	1941.	1942.	1943.	1944.	1945.	1946.
16–20	18.3	22.9	27.9	23.0	20.4	23.4
21–25	24.1	25.8	27.9	28.9	28.3	30.3
	42.4	48.7	55.8	51.9	48.7	53.7

It will be noticed that there is an appreciable rise in the percentage of the age group 16-20 in the total females notified up to the year 1943, followed by a decline in the following two years and a rise again in 1946.

During the war period young women came into contact with new social conditions and temptations for which they were, in the vast majority of cases, quite unprepared. They met men with new methods of approach and money to spend who romanced to them in new speech and accent and many were flattered and eventually not unwilling to surrender their chastity. Once virtue had fled they too often became the huntress rather than the hunted, and irregular sexual experiences rapidly multiplied. In many instances the disasters of disease or of ex-nuptial pregnancy followed and some seeking a way of escape from natural consequences added the experience of abortion.

Syphilis.

A matter for some concern is an increase in the percentage of acute syphilis in the total syphilis notified during the year 1946. The incidence is still low but few sources of infection have been traced.

The amount of acute syphilis in the total syphilis notified during the period 1941-1946 was as follows:—

Year.	Total Syphilis.	Acute Syphilis in Total.	Percentage Acute Syphilis.
1941	1,094	289	$\begin{array}{c} 26.4 \\ 32.1 \\ 31.5 \\ 22.6 \\ 30.6 \\ 51.9 \end{array}$
1942	1,189	382	
1943	1,121	353	
1944	899	203	
1945	852	261	
1946	1,024	532	

The Co-ordination Group for Control of Venereal Disease.

The Co-ordination Group was formed on 10th December, 1940, and met at least once each month until it was disbanded on 10th December, 1945. It was the first of such groups to be formed in Australia, and all Services (Naval, Military, Police and Civil) were represented, including the Navy and Army of the United States of America. The Director, Division of Social Hygiene, was chairman of the group.

The National Security (Venereal Diseases and Contraceptives) Regulations.

The National Security (Venereal Diseases and Contraceptives) Regulations came into force in September, 1942, and ceased to have effect after the 31st December, 1946. They provided authority, lacking in State legislation, to follow up and bring under medical examination alleged sources of infection or any person the Commissioner had reason to believe might be suffering from a venereal disease. During the period of their operation 2,045 alleged sources of infection were located and examined, and of this number 1,258 (61,5 per cent.) were found to be infected with a venereal disease.

These war-time Regulations were of great value and recommendations have been made for amendment to the Venereal Diseases Act, 1918, to provide similar authority to investigate alleged sources of infection.

Publicity.

During the war period venereal disease was brought under public notice by an intensive Press publicity campaign, and posters were displayed at various suitable places.

The Press, by its wholehearted co-operation, contributed very greatly in making the public conscious of the problem of venereal disease, and it is largely because of its initial action in this regard that it is now possible to refer to venereal disease anywhere but over the wireless, without objection being raised.

While it is desirable to keep the danger of these infections before the public, late education of the adolescent and of the adult is not sufficient to protect against irregular sexual behaviour. The sex education of the child from the earliest days of its questing after knowledge is of major importance. The child who is given its knowledge of sex little by little in answer to its questions as it grows through childhood has a greater chance of a balanced sexual life in later years than has one forced to gain its information from many sources, mostly unreliable and unsupervised.

Much of the irregular sexual life of to-day, as in the past, is due to failure of parents to appreciate and perform their obligations in regard to their children. Every child is entitled to a knowledge of self and a pattern of behaviour by which it may live in moral security, and the parent should be the one best fitted to provide this.

The control of venereal disease depends more on the infiltration of informed new generations with high ideals into national life than on spasmodic periods of publicity.

Venereal Diseases Act, 1918.

REPORT ON NOTIFICATIONS RECEIVED TO 31ST DECEMBER FOR YEARS 1941 TO 1946.

The six years under survey (1941 to 1946) cover the years of the war in the Pacific and the first post-war year.

The notifications of venereal disease received during the period were as follows:—

Year.		1941.		1942.		1943.		1944.		1945.		1946.						
	М.	F.	Total.	м.	F.	Total.	М.	F.	Total.	м.	F.	Total.	M.	F.	Total.	М.	F.	Total.
Syphilis Gonorrhoea Chancroid Gonococcal Ophthalmia Venereal Warts Gleet Venereal Granuloma	2,936 21 8 114	358 465 11 6 2	$\begin{array}{c} 1,094\\ 3,401\\ 32\\ 14\\ 116\\ 140\\ 1\end{array}$	854 3,857 40 7 136 117	335 615 9 1 19	1,189 4,472 49 8 155 117	735 2,603 9 3 161 103	386 819 7 3 38 1 1	$\begin{bmatrix} 1,121\\ 3,422\\ 16\\ 6\\ 199\\ 104\\ 1 \end{bmatrix}$	573 2,106 1 73 109	326 1,205 17 	899 3,311 1 90 109	$\begin{bmatrix} 604 \\ 2,767 \\ 5 \\ 8 \\ 65 \\ 126 \\ 2 \end{bmatrix}$	248 719 1 16 	$\begin{bmatrix} 852 \\ 3,486 \\ 5 \\ 9 \\ 81 \\ 126 \\ 3 \end{bmatrix}$	811 3,557 3 86 114 1	213 606 10	1,024 4,163 3 96 114 1
Total	3,956	842	4,798	5,011	979	5,990	3,614	1,255	4,869	2,862	1,548	4,410	3,577	985	4,562	4,572	829	5,401

FAILED TO CONTINUE TREATMENT.

The following table shows the percentage of notified defaulters who remained permanent defaulters:—

Year.	Total defaulters notified.	Resumed treatment, dead or left State.	Remained in default.	Percentage remaining in default.
1941 1942 1943 1944 1945	1,628 1,493 1,112 1,129 1,154 1,298	928 991 836 810 689 769	700 502 276 319 465 529	43·0 33·6 24·8 28·2 40·3 40·7

CLINICS.

Metropolitan District.—Ten clinics are available. The clinic at the Health Department (Albert-street entrance) is continuous during the day, closing at 7.30 p.m. Monday to Friday (except Wednesday when it closes at 5 p.m.).

Prophylactic facilities are continuous at the Health Department Clinic for males, the total yearly attendances being as follows:—

1941	• • • • • • • • • • • • • • • • • • • •	9,104
1942		
1943		
1944	• • • • • • • • • • • • • • • • • • • •	11,230
1945		12,843
1946	• • • • • • • • • • • • • • • • • • • •	16,452

Newcastle District.—The clinic at the Newcastle Hospital provided treatment for the majority of persons notified from that area. Prophylactic facilities are also available.

District General Hospitals.—Treatment is available at country hospitals as required.

Bed Accommodation.—Beds are available in the metropolitan area for 34 females and 12 males.

PATHOLOGICAL EXAMINATIONS.

Examinations were made in the Microbiological Laboratory in the Department, the numbers being as follows:—

Year.	Serologie Tests.	Smears for Gonocoeei.	Examinations for Treponema Pallidum.
1941	50,201	16,569	472
1942	46,946	14,603	375
1943	52,811	19,123	289
1944	51,475	19,495	182
1945	57,678	13,527	222
1946	70,517	14,783	586

PROSECUTIONS.

Action was taken against numerous persons for breach of section 5 of the Act (failure to continue under treatment). The total actions for the years under survey were as follows:—

1941	•••••••••	17
1942	• • • • • • • • • • • • • • • • • • • •	61
1943	• • • • • • • • • • • • • • • • • • • •	142
1944	* * * * * * * * * * * * * * * * * * * *	219
1945	• • • • • • • • • • • • • • • • • • • •	225
1946		314

The following tables are appended:-

Table I.—Notifications received during the period 1941 to 1946 in order of district from which notifications came.

TABLE II.—Summary of total attendances at various public clinics during the period 1941-1946.

Table I.—Notifications received during period 1941 to 1946 arranged in order of districts.

٠	Metropolitan Area.				Neweastle District.				Remainder of State.									
Disease.	1941.	1942.	1943.	1944.	1945.	1946.	1941.	1942.	1943.	1944.	1945.	1946.	1941.	1942.	1943.	1944.	1945.	1946.
Gonorrhoea	3,081	4,141	3,123	2,997	3,148	3,665	211	209	179	210	215	339	109	122	120	104	123	159
Syphilis	989	1,103	1,048	835	776	949	47	47	37	30	35	34	58	39	36	34	41	41
Soft Chanere	30	44	12	1	5	3	2	5	4	•••	•••		•••	• • •	• • • •	•••	• • •	
Gleet	128	107	99	109	126	114	11	10	5		• • •	• • •	1 }	• • •	•••	•••	• • •	•••
Venereal Warts	116	154	199	89	81	96		1						• • •		1		
Gonocoecal																		
Ophthalmia	12	8	6		7		1			}		• • •	1				$2 \mid$	
Venereal Granuloma	1		1		3	1					•••				•••	• • •		
Total	4,357	5,557	4,488	4,031	4,146	4,828	272	272	225	240	250	373	169	161	156	139	166	200

Table II.—Table showing Annual Attendance Returns at Public Clinics for Treatment of Venereal Diseases 1941–1946 inclusive.

						New C	ases.		
Year.		Atuendances.			Gonorrhoea.			Syphilis.	
	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.
1941 1942 1943 1944 1945 1946	68,760 62,343 49,084 41,229 52,733 80,734		68,760 62,343 49,084 41,229 52,733 80,734	1,477 1,336 812 737 1,421 2,011	RTMENT CLINIO	1,477 1,336 812 737 1,421 2,011	315 345 271 205 280 282		315 345 271 205 280 282
1941 1942 1943 1944 1945 1946	16,690 10,480 7,966 6,148 6,708 4,523	3,783 2,765 2,718 3,787 2,935 3,136	20,473 13,245 10,684 9,935 9,643 7,659	117 108 73 55 70 151	Alfred Hospi 29 19 23 142 69 36 Hospital.	146 127 96 197 139 187	39 37 39 44 36 45	$ \begin{array}{ c c c } \hline & 9 \\ & 19 \\ & 44 \\ & 50 \\ & 39 \\ & 20 \\ \end{array} $	48 56 83 94 75 65
1941 1942 1943 1944 1945 1946	4,388 3,443 3,146 2,413 2,128 2,375	4,150 2,941 2,197 1,326 1,159 817	8,538 6,384 5,343 3,739 3,287 3,192	$egin{array}{c} 33 \\ 26 \\ 25 \\ 31 \\ 47 \\ 50 \\ \end{array}$	21 9° 3 1 8 4	54 35 28 32 55 54	52 47 35 26 17 34	38 36 39 13 13 18	90 83 74 39 30 52
1941 1942 1943 1944 1945 1946	$\begin{array}{c} 257 \\ 118 \\ 146 \\ 221 \\ 350 \\ 284 \end{array}$	711 495 494 795 982 580	$968 \\ 613 \\ 640 \\ 1,016 \\ 1,332 \\ 864$	1 1 	$\left \begin{array}{cccccccccccccccccccccccccccccccccccc$	5 4 13 33 9 2	3 6 13 3 1	$\begin{array}{ c c c }\hline & 10 & \\ & 1 & \\ & 11 & \\ & 16 & \\ & 5 & \\ 2 & & \\ \end{array}$	13 4 17 29 8 3
1941 1942 1943 1944 1945 1946	1,923 908 256 232 190 152	205 46 117 150 162 99	2,128 954 373 382 352 251	19 14 6 4 6 3	YDNEY HOSPIT	$\begin{array}{ c c c }\hline & 19 \\ 14 \\ 8 \\ 5 \\ 6 \\ 3 \\ \end{array}$	$\begin{array}{c} 1 \\ 2 \\ \dots \\ 4 \\ 1 \\ 2 \end{array}$	$\left \begin{array}{cccccccccccccccccccccccccccccccccccc$	2 3 4 6 3 3
1941 1942 1943 1944 1945 1946	1,460 1,489 1,360 1,238 644 717	$\begin{bmatrix} 1,177\\1,161\\1,130\\1,374\\875\\774 \end{bmatrix}$	2,637 2,650 2,490 2,612 1,519 1,491	$\begin{array}{ c c c }\hline & 22\\ 17\\ 14\\ 11\\ 1\\ 6\\ \end{array}$	SHORE HOSPIT 10 10 9 8 5 3	32 27 23 19 6 9	11 7 8 9 4 6	$\begin{bmatrix} 5 \\ 6 \\ 20 \\ 13 \\ 5 \\ 5 \end{bmatrix}$	16 13 28 22 9
1941 1942 1943 1944 1945 1946	257 213 280 386 441 432	286 438 399 492 497 476	543 651 679 878 938 908	1 	" l	2 	$egin{array}{c} 3 \\ 2 \\ 2 \\ 1 \\ 1 \end{array}$	2 	5 2 2 1 2
1941 1942 1943 1944 1945 1946	8,141 7,492 6,104 6,787 7,071 4,865	1,755 1,464 1,591 1,392 1,754 1,327	9,896 8,956 7,695 8,179 8,825 6,192	174 126 134 161 150 147	17 23 29 43 54 21	191 149 163 204 204 168	32 19 23 21 18 17	$\begin{bmatrix} 25 \\ 19 \\ 13 \\ 9 \\ 11 \\ 10 \end{bmatrix}$	57 38 36 30 29 27
1941 1942 1943	27 13 	7	34 13 	rern Suburbs	DISTRICT HO	SPITAL. 2			•••
1941 1942 1943 1944 1945 1946		11,004 12,782 18,556 19,715 13,130 9,846	11,004 12,782 18,556 19,715 13,130 9,846		180 329 479 512 369 331	180 329 479 512 369 331		121 115 161 118 102 84	121 115 161 118 102 84
1943 1944 1945 1946	116 301 315 364	79 253 263 226	195 554 578 590	8 2	9 1 2	TAL. 17 1 4	 3 12	$\begin{array}{c c} 2\\ 4\\ 2\\ 2\\ 2 \end{array}$	6 4 5 14

CONSULTATIVE COUNCIL FOR THE PHYSICALLY HANDICAPPED.

SUMMARISED REPORT COVERING THE YEARS 1941 TO 1946 INCLUSIVE.

In August, 1945, the Consultative Council on Infantile Paralysis was renamed the Consultative Council for the Physically Handicapped. The work of investigating acute anterior poliomyelitis continued, but activities were extended to include other cases coming under the category of physically handicapped.

A meeting was held each month at 52 Bridge-street, and in December, 1946, a small Executive Committee was formed to deal with routine matters of finance and reports prior to the general meetings.

In September, 1946, the Minister for Health approved the appointments of an occupational therapist and a physiotherapist as co-opted members of the Council.

An Almoner was appointed to the Council in September, 1946.

TABLE I.

Notifications of Acute Anterior Poliomyelitis:-

Year.	No. of cases.	Deaths.
1941	90	2
1942	34	1
1943	25	.4
1944	14	1
1945	661	55
1946	647	43

Epidemic of Poliomyelitis in New South Wales, 1945-46.—One thousand three hundred and eight cases of poliomyelitis were notified during 1945-46—661 cases in 1945, 647 cases in 1946.

Ninety-nine additional notifications were later cancelled owing to amended diagnoses.

The epidemic reached its peak in April to June, 1946, with the maximum number of cases (212) having onset in any one month occurring in May of that year.

There was a decline during June (eighty-five) and July (twenty-seven) and a sharp decrease in August (seven).

TABLE II.

Sex.—735 (56 per cent.) of the cases were males; 573 (44 per cent.) of the cases were females.

TABLE III.

The age groups (according to age at onset) were as follows (1,308 cases):—

	Under 1 year.	1-4 years.	5-9 years.	10-14 years.	15-19 ycars.	20-29 years.	30-39 years.	Over 40 years.
1945 cases 1946 cases Total Per cent	14 17 31 2·3	123 158 281 21·5	213 185 398 30·4	176 124 300 23	74 77 151 11·5	31 50 81 6·2	21 23 	9 13 22 1·7

Deaths.—Ninety-eight cases died. Fifty-eight were males, forty females.

The death rate was highest (22.7 per cent.) in the cases over 30 years and lowest (3.2 per cent.) in the 5-9 years group.

TABLE IV.

Deaths according to age at onset (ninety-eight cases):-

1945–46.	Under 1 year.	1-4 years.	5-9 years.	10-14 years.	15-19 years.	20-29 years.	30-39 years.	Over 40 years.
Total cases notified Died Per cent	31	281	398	300	151	81	44	22
	4	11	13	29	14	12	10	5
	12·8	3·9	3·2	9·6	9·2	11·1	22·7	22·7

Amount of Paralysis.—One thousand one hundred and ninety-seven cases were followed up after a period of six months to two and a half years from onset of illness:—

TABLE V.

- 513 cases (43 per cent.) showed no after-effects;
- 320 cases (27 per cent.) had slight weakness but no disability;
- 266 cases (22 per cent.) had residual paralysis;
- 98 cases (8 per cent.) had died.

After Care.—An attempt was made to contact every case in New South Wales notified as poliomyelitis, and ensure adequate treatment and after care.

Circulars or letters were sent to Medical Practitioners, hospitals and patients, in an endeavour to follow up progress, and visits were paid by the Almoner and Medical Officer to hospitals and institutions treating poliomyelitis cases. Patients were also visited in their own homes, or interviewed at 52 Bridge-street, and necessary after-care arrangements made.

Arrangements included:

- (a) Transfer of paralysed patients from rural districts to metropolitan hospitals and institutions.
- (b) Payment of fees to consultant orthopaedic surgeons visiting Nepean and Wellongong District Hospitals at the request of the local practitioners.
- (c) Payment of physiotherapy fees for patients too handicapped to travel to an Out-patient Department, but unable to afford private fees.
- (d) Payment for muscle re-education given to patients staying at the Far West Home at Manly.
- (e) Transport to Orthopaedic Out-patient Clinics, and in a necessitous case, payment of fares from Lindfield to Royal North Shore Hospital.

Cases Illustrating After-care Arranged by Council.—Case 1, &t. 24 years, married, one child &t. 12 months. Developed acute anterior poliomyclitis in May, 1946.

In November, 1946, she was fit for discharge from a general metropolitan hospital, but had residual paresis of abdominal muscles and both lower limbs, and was still needing bed-rest and physiotherapy.

It was impossible for this patient to receive adequate attention at home, and the family was not in a position to pay private fees. The Almoner's Department of the hospital arranged to pay the major expenses for board in a Nursing Home, and the Council undertook payment for physiotherapy three times weekly.

After six months the patient had improved sufficiently to return home, and travel by bus to an Orthopaedic Clinic for further muscle re-education.

Case 2, at. 5 years. Developed poliomyelitis in May, 1946, and was discharged from hospital in November, 1946, with marked paresis of left leg, and wearing a caliper.

There was one other child, æt. 2 years, and the family was having difficulty in meeting routine living expenses. Fares for the patient and an escort to and from an Orthopaedic Clinic were costing £1 1s. 3d. per week, and the father applied to the Council for assistance.

For eight months the Council paid travelling expenses between the home and hospital until the child had improved sufficiently to need only one treatment weekly.

Vocational Training.—In 1942 the need was stressed for the organisation of vocational guidance, training and placement of physically handicapped persons.

A detailed scheme, drawn up by a special sub-committee of the Council, was sent to the Minister for Health.

In 1945 a State Government grant amounting to £2,500 was allotted to the Council for expenditure on vocational training of physically handicapped persons, and the scheme was put into operation in November.

Eleven applicants referred by the New South Wales Society for Crippled Children and the Far West Children's Health Scheme have been considered suitable for training.

Four have suffered from paralysis following poliomyelitis, four from osteomyelitis, one from congenital absence of radii and thumbs, one from congenital dislocation of the hips, and one from tubercular disease of the spine.

Four were girls—two have completed secretarial courses and been placed in positions, one is training as a hairdresser, and one is having occupational and speech therapy with a view to later training as a telephonist.

One boy has trained as a wool-classer, one is studying accountancy, and four have had part-time training in general education, accountancy and boot-repairing.

Hospital fees were paid for a badly paralysed boy in the Gosford District while he learnt weaving. He was provided with a loom and wool, the loom to remain the property of the Council.

Cases Illustrating Vocational Training under the State Government Grant.—Case 1, male, &t. 21 years, had a history of Osteomyelitis of left leg and arm, necessitating continuous hospitalization for fifteen years.

He was recommended to the Council by the New South Wales Society for Crippled Children for training in Wool-classing at the Sydney Technical College, the expenses involved to be for equipment accommodation (30s. per week at home) and fares.

The trainee commenced his course in February, 1946, and received an honours pass at his first examination. He then had a recurrence of Osteomyelitis, but the Council continued to pay his accommodation for the eight weeks he was attending hospital.

He was then well enough to proceed to the Country for practical training, and in July, 1947, completed his course with a very good record.

Case 2, female, et. 19 years, with congenital dislocation of the hips—passed her Leaving Certificate examination in 1945, and was referred by the New South Wales Society for Crippled Children as suitable for training in secretarial work.

Under the State Government grant the Council paid fees to a Business College, and accommodation (30s. per week at home) for a period of twelve months.

This trainee found parts of her course somewhat difficult, but passed her Diploma Examination with 6 A's and 2 B's and is now employed as Secretary to a Personnel Officer in a Metropolitan firm.

Expenditure on Vocational Training till December, 1946.—This amounted to £387 2s. 5d., comprising £288 6s. for accommodation, £85 6s. 11d. for fees and equipment and £13 9s. 6d. for fares.

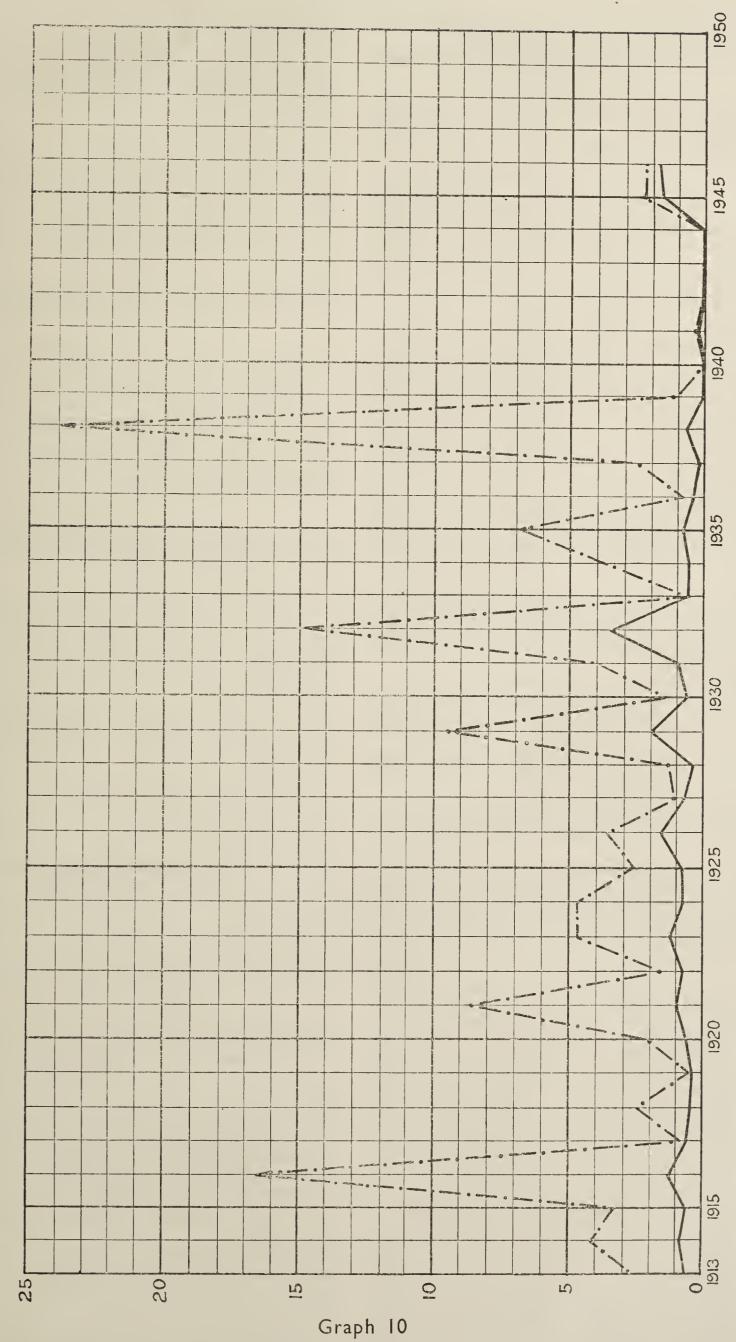
The small outlay is due to the fact that, owing to lack of accommodation, use of the grant has necessarily been restricted to applicants living in the metropolitan area.

The need has been urgently felt for a hostel to accommodate trainees from the country, and following inspections of buildings recommendations have been made for the purchase of a property considered suitable for use as such a hostel.

INFANTILE PARALYSIS

Annual Death Rate per 100,000 of Population. Annual Case Rate per 100,000 of Population

1913-1946



Case Rate

SECTION I.

B.—PUBLIC HEALTH ADMINISTRATION.

CHEMICAL LABORATORY.

SUMMARISED REPORT OF THE GOVERNMENT ANALYST COVERING THE YEARS 1941 TO 1946, INCLUSIVE.

Staff.

Government Analyst.—Harold B. Taylor, M.C., V.D., D.Sc., F.R.I.C., F.A.C.I

Second Government Analyst.—ARTHUR D. DIBLEY, A.S.T.C., A.A.C.I.

Senior Assistant Government Analyst.—Robert G. O'Brien, A.S.T.C., A.A.C.I.

Analysts.—Ernest S. Ogg, B.Sc. (Hon.), A.A.C.I., WILLIAM F. FISHER, A.S.T.C., A.A.C.I., EDWARD R. COLE, B.Sc., M.P.S., Anthony Dadour, B.Sc., John Plowman, A.S.T.C., Lister Clark, A.S.T.C., J. W. G. Neuhaus, A.S.T.C., A.A.C.I.

Laboratory Assistants.—VICTOR WILLIAMS, JOHN A. HORAN, H.D.D., RONALD McDonough.

Laboratory Attendant.—IVAN RATCLIFFE.

Shorthandwriter and Typist.—MARIE KEMP.

Two Office Assistants.—VERA SPIERS, PAMELA CAFFYN.

During the period under review, there have been several changes in the staff of the branch, Mr. S. G. Walton, Government Analyst, having retired on 10th March, 1946, to be succeeded by Dr. H. B. Taylor, who had been absent on military service since 1940.

Other changes in the analytical staff over the period included the resignations of Messrs. Sparks, Andrews and Anderson and the new appointments of Messrs. Plowman, Clark and Neuhaus.

During the years 1941 to 1946, inclusive, a total of 170,310 samples were examined in the Chemical Laboratory, including 155,022 samples examined for the purposes of the administration of the Pure Food Act, 13,844 samples examined for the Public Services of the State, and 1,444 samples examined for Defence Authorities.

Of a total number of 155,022 samples examined under the Pure Food Act, 6,446 (4.1 per cent.) were found to be adulterated or falsely described. Numerically, milk formed the principal subject of investigation, and of a total of 106,698 samples examined, 3,527 (3.3 per cent.) failed to conform to prescribed standards.

Samples Submitted for the Public Services of the State.

The samples submitted by the Public Services of the State (exclusive of those submitted by Defence Authoritites) amounted to 13,844, brief particulars of which are given hereunder:

Subsidised Institutions requested the examination of 1,333 samples, consisting of foods, drugs, human hair and nails, urine, stomach washings, etc.

The Government Stores Department submitted 2,379 samples for examination, including drugs and pharmacopoeial substances, foods, inks, insecticides, lubricants, disinfectants, etc.

Police Authorities forwarded 2,677 exhibits for examination in connection with criminal investigations and coroners required the examination of exhibits in connection with 834 deaths which formed the subject of police investigation. The following table shows the number of deaths recorded from the effects of poisons:

Nature of Poison.	No. of
	Deaths.
Acetylsalicylic acid	
Aconitine	
Arsenic	. 16
Atropine	. 1
Barbiturates	. 31
Bromural	. 1
Carbon monoxide	. 22
Chloral hydrate	. 9
Chloroform	
Chromium	. 1
Cinchophen (Atophan)	. 1
Cresol	. 1
Cyanide	. 22
Fluoride	
Hydrochloric acid	. 1
Lead	. 1
Lysol	
Mercury	. 3
Morphine	. 4
Nicotine	
Nitrobenzene	. 3
Opium	. 1
Phosphorus	
Sedormid (Allylisopropylacetylurea)	. î
Strychnine	
Strychnine and Brucine	. 3
Thallium acetate	. 1

TOTAL

194

State Municipal and Departmental Authorities submitted 2,467 samples of water in connection with the supervision and chemical treatment of water supplies and swimming pools in country districts, and 1,210 samples for examination for the purpose of checking the efficiency of sewage installations and the control of the discharge of trade wastes and drainage into public places.

The Division of Industrial Hygiene required the examinaof 2,447 samples in connection with claims under the Workers' Compensation Act, the diagnosis of illness due to occupational causes, conditions of employment in workshops and factories, the ventilation of public halls and theatres, etc.

Miscellaneous Authorities submitted 497 samples for examination including food, bedding materials, lubricants, urine, etc.

Defence Authorities submitted 1,444 samples for examination including foodstuffs, disinfectants, fly sprays, soap, petrol, etc.

PURE FOOD ACT, 1908.

SUMMARISED REPORT BY THE CHIEF INSPECTOR OF THE ACTIVITIES OF THE FOOD INSPECTION BRANCH COVERING THE YEARS 1941-1946 INCLUSIVE.

Analyses of Samples of Milk.

Number of samples taken from all parts of the State, 57,160. Number of samples below standard, 1,435. Number of warnings, 283.

Number of prosecutions, 1,154.

Amount of fines and costs, £4,346 15s.

Food and Drugs, Other than Milk.

Number of samples taken from all parts of the State, 47,153. Number of prosecutions, 1,519. Amount of fines and costs, £4,652.

Food Unfit for Consumption Seized and Destroyed.

The scizures comprised over 212 tons; in addition to 285,435 tins, bottles and packages of assorted foodstuffs; 51,505 head of poultry; 12,089 carcases of mutton; 12,000 sheep tongues; 2,117 gallons of wine, oil and fruit juice; and also 74 bags of vegetables.

Inspection of Premises Used for the Preparation, Sale and Storage of Food.

Number of premises inspected in all parts of the State, 62,195.

Number of prosecutions, 156.

Amount of fines and costs, £1,174 19s.

General Breaches of the Act and Regulations.

Number of prosecutions, 219. Amount of fines and costs, £821 2s.

Summary of Legal Proceedings by Officers of the Pure Food Branch during 1941-1946.

Adulterated milk, prosecutions, 1,154; fines and costs, £4,346 15s.

Adulterated food and drugs, prosecutions, 1,519; fines and costs, £4,652 10s.

Unclean premises, prosecutions, 156; fines and costs, £1,174 19s. General breaches, prosecutions, 218; fines and costs, £821 2s. Total prosecutions, 3,047. Total fines and costs, £10,995 6s.

SANITATION BRANCH.

SUMMARISED REPORT OF THE ACTIVITIES OF THE SANITATION BRANCH DURING THE YEARS 1941-1946, INCLUSIVE, BY THE CHIEF INSPECTOR (Mr. G. A. GARROW).

Country and Metropolitan Districts, Routine and General Inspections, etc.

Towns: Primary inspections and reinspections were 175.

Insanitary Buildings: 600 buildings were inspected and the respective local authorities were requested to cause necessary repairs or alterations to be carried out.

Shortage of housing accommodation made it inadvisable to recommend the issue of closing orders in other than extreme cases, consequently only 24 closing order certificates were recommended.

Guest and Boarding Houses: 186 were inspected and suitable action recommended where found necessary.

Shop Premises: 1,380 shops were inspected and appropriate action taken.

Hospitals, Institutions, and Schools: 276 separate premises were inspected and necessary action recommended.

Public Halls and Theatres: 232 inspections were made and 55 air tests were carried out in conjunction with an Officer from the Division of Industrial Hygiene.

Hotel Premises: 318 hotels were inspected and reports and recommendations thereon were forwarded to the controlling authority for necessary action.

Swimming Pools: 44 inspections of swimming pools, treatment plant and proposed sites were made, and numerous samples of pool water were procured for chemical and bacteriological examination.

Cattle Slaughtering and Diseased Animals and Meat Act, 1902: 545 inspections were made of slaughtering premises, including abattoirs, and where deemed necessary, suitable action was taken or recommended and the local authority requested to give effect thereto.

Increased Fees: 10 councils made application under section 15 of the Act for increased fees, and upon investigation, with two exceptions, applications were recommended.

Noxious Trades: 2,949 inspections and reinspections of noxious trades premises were made and where necessary repairs, etc., were required to be carried out and in a few cases legal proceedings were instituted against the trader.

The provisions of the Act were extended to a number of areas during this period.

Removal of Dead Stock from Flemington: 153,264 dead animals were removed from the Flemington saleyards and the abattoirs by a private firm, to its knackery premises, and in no case were complaints received by this office respecting these activities. On those premises about 100 dead dogs per week of five days are destroyed without nuisance.

Flock and Bedding Material: 159 samples of flock and bedding material were obtained and several mattresses and pillows purchased for examination, and 240 inspections of premises were made.

Camps, Show Grounds, Cometeries, etc.: 165 inspections were made, and where found necessary suitable action was recommended.

Sale Yards and Proposed Sites: 165 inspections were made of saleyards, etc., and work required to be carried out recommended.

Scavenging Districts, Sanitary Depots, Proposed Sites for Garbage Incinerators: Seventy-two descriptions and plans of proposed scavenging districts were examined, several of which were amended or recast in this office; 1,092 inspections of sanitary depots and garbage incinerators were made and where found necessary suitable action was taken; 165 proposed depot sites were inspected and those found unsuitable were not recommended.

Sanitary Services: 151 investigations of sanitary services were made and where found warranted suitable action was taken.

Septic Tanks, Sewerage Treatment Works, Public and Private Water Supplies: 2,197 plans of proposed septic tanks were examined and where found necessary were either amended or not recommended for approval. Of the 1,741 sites inspected, a number were found unsuitable, in consequence of which, approval to instal the septic tank could not be recommended; 483 inspections of existing septic tanks, including sewage treatment works and effluent disposal areas were made and suitable action recommended where found necessary; seventy-three investigations were made respecting the source, and storage of water supplies, and water samples were procured for examination and suitable action where found necessary.

Number of Conneils Required to Employ a Certificated Health Inspector: Forty-seven local government councils were required to employ a certificated health inspector following an investigation of their respective areas by this department's officers; the majority of them complied.

It should be noted that health inspectors are now required by law to obtain the local government health inspector's certificate in addition to their other qualifications before they can be employed as health inspectors by a local government council. This certificate is in reality a form of registration.

Unhealthy Building Land: 1,085 inspections and check surveys were made of land considered unfit for building purposes; 30,672 inquiries were made by solicitors and others. These inquiries produced in revenue £3,797 10s.

Infections Diseases: Fifty-five investigations were made and suitable action was taken; five cases of malaria, and five of typhus were investigated and action considered necessary recommended.

Rat Infestation: 12,184 rats were examined in the Microbiological Laboratory and were found free from plague; 848 investigations were made, respecting alleged rat infestation and where found necessary suitable action was taken.

Sydney Wharves: 848 visits were made to these premises, and where repairs, eradication of rats, etc., was found necessary the controlling authority was duly notified. Reinspections have disclosed that work required has been or is being carried out.

Nuisances: Investigations were made of 1,500 complaints respecting drain, pollution of rivers and other alleged nuisances, following which, action considered necessary was recommended.

Sorting of Dead Wood: Numerous visits were made to premises where this process is carried out, and where considered necessary advice was given.

Dairies Supervision Act: During this period, nine shire councils made application to be proclaimed local authorities under the Act. The necessary investigations were made and resulted in the majority of applications being recommended.

Samples of Water, Sewage, Effluent, Soils, Dust, Sawdust and Air: 576 samples were obtained for chemical analysis and bacteriological examination on results of which suitable action was recommended.

Knackers Premises and Horse Flesh Shops: So far as is possible these premises are visited by a departmental officer and where necessary suitable action is recommended; 288 inspections were made.

Legal Proceedings: In connection with the several prosecutions instituted for breaches of the various Acts, Regulations and Ordinances, fines and costs amounting to £937 7s. 3d. were imposed.

Amendments to Acts, Regulations and Ordinances: Several proposed amendments to the Local Government Ordinances have been submitted to and approved by the Board of Health under section 26B of the Public Health Act, 1902-1944. During the period under revue, the Public Health (Amendment) Act, 1944, was assented to. The business of "Tanner" has been declared a noxious trade within the meaning of the Noxious Trades Act, 1902-1944.

Applications for Cyanide Fumigation Inspectors' Licence: During the period sixty-six persons presented themselves for the respective examinations; of this number the majority were recommended. Three cyanide fatalities were investigated.

Building Regulation Advisory Committee: This committee still functions and meets frequently to consider all matters connected with building materials, and construction and to advise on building problems submitted by councils and other bodies.

It is pleasing to report that after much discussion the proposal to reduce the ceiling height of rooms in buildings from 9 ft. to 8 ft. was not recommended.

North Coast Floods: Investigations were made of conditions following the floods in the North Coast district. Reports, recommendations and photos on results of the investigation were submitted.

Mosquitoes and Dengue Fever: 220 investigations were made respecting the eradication of mosquitoes in an effort to control the spread of dengue fever, and where found necessary the local authority was required to take suitable action.

Several of these investigations were a check on previous surveys made and were for the purpose of ascertaining whether the local authority was giving effect to recommendations forwarded to it by this department.

Malaria and Endemic Typhus: Ten cases were investigated and suitable action was recommended.

Swine Fever: Officers of this branch were active in assisting the Stock Branch (Department of Agriculture) to combat this disease. Necessary assistance is still being rendered.

Construction Camps: At the request of the Allied War Council, forty-one inspections and reinspections were made of camps throughout the State and where considered necessary, water samples for chemical analysis and bacteriological examination were obtained. Reports and recommendations on conditions found during the inspections were forwarded to the controlling authorities.

Temporary Rest Shelters: At the request of the Civilian War Emergency Aid Service a survey was made of rest shelters in several parts of the State and reports and suggestions thereon were submitted to the controlling authorities.

Commonwealth Authorities: At the request of several departments of the Commonwealth, inspections and investigations have been made and advice tendered in matters respecting sewage treatment works, disposal of drainage and effluent; camp kitchen wastes, rat infestation and other matters relating to sanitation at military camps and other Commonwealth premises.

United States Authorities: When requested advice was tendered in matters relating to sanitation, collection and disposal of camp kitchen wastes, etc.

War Workers' Houses: Investigations of drainage nuisances were made and reports and recommendations thereon were

forwarded to the controlling authorities.

Military School of Instruction for Sewage and Sullage Plant Operators: Several lectures on matters relating to treatment and disposal of grease, sewage and effluent were given by an officer of this branch to members of the Military School of Instruction.

Addressing Councils: At the request of several local government councils, officers of this branch addressed those authorities on matters relating to health conditions in their respective areas

Timber for Manufacture of Coffins: Owing to the receipt of complaints an investigation was made into the use of plywood in the manufacture of coffins. The efforts of this department, resulted in the matter being satisfactorily settled.

PRIVATE HOSPITALS ACT, 1908.

Report on the operation of the Act for the period 1941-1946, inclusive, by Dr. A. J. Hope.

During this period the number of private hospitals licensed in New South Wales declined from 496 to 348, and the number of beds from 5,124 to 4,206, being a reduction respectively of 148 and 1,098.

The decline in both categories was evident for each year in the period under review.

Most of the hospitals were small, only forty-one being licensed for the reception of more than twenty patients at the end of the period, compared with forty-four at the beginning. With the figures for 1941 iu brackets, a comparison may be drawn in this way:—

Of the 348 (496) hospitals licensed in 1946, 120 (206) were for the reception of lying-in cases only, 55 (53) for medical and surgical only and 173 (237) for all classes.

It can be seen that the greatest decline has been in hospitals licensed for the reception of lying-in cases only (41.7%) and this decline has taken place at the expense of the 1 to 5 bed hospitals. In comparing the metropolitan loss with the country loss, it is shown that of the total loss of 148 hospitals and 1,098 beds, the metropolitan loss was 55 hospitals and 475 beds, whilst the country figures were 93 and 623 respectively.

Inspections of Private Hospitals were carried out by the supervisory nurses as regularly as the war conditions allowed.

A fair amount of deterioration to property occurred during this period and a considerable volume of requests for improvements has been despatched to licensees; the latter have endeavoured to carry them out and have shown a proper spirit of co-operation but lack of material and difficulty in procuring the necessary labour has, however, caused a definite lag in this direction.

Most resident managers conduct their hospitals ably and well and are most co-operative, but there is a general tendency to over-crowd, which is understandable owing to the continuing bed loss; a few also are neglectful in keeping their registers up to date.

The Bush Nursing Association and Country Women's Association still have a small number of hospitals under their control.

Puerperal Infections.—Of the 313 cases of Puerperal infection during the five years, 114 occurred in private hospitals.

Rest and convalescent homes have been visited and inspected when permission to do so has been given by the proprietors, and advice tendered.

Whilst most of these places are satisfactorily conducted, many are not, and overcrowding has been a persistent, undesirable feature. In many instances, there is considerable room for improvement all round.

The Thanks of this Department are due to the Commissioner of Police and the Registrar of the Nurses' Registration Board and their staffs for the ready assistance tendered.

Table I.—Showing classification of Private Hospitals licensed at December 31st, 1941 and 1946, according to nature of cases received and the total number of beds provided by each class of hospital.

	Medical, Surgical and Lying-in.		Medical and Surgical.		Lying-in.		Total.	
	No. of	No. of	No. of	No. of	No. of	No. of	No. of	No. of
	Hospitals.	Beds.	Hospitals.	Beds.	Hospitals.	Beds.	Hospitals.	Beds.
Sydney Metropolitan Area— 1941 1946 Country Districts—	81	1,644	45	961	73	364	199	2,969
	64	1,395	41	878	39	221	144	2,494
1941	156	1,440	8	121	133	594	297	2,155
1946	109	996	14	· 158	81	378	204	1,532
Total— 1941 1946	237 173	3,084 2,391	53 55	1,082 1,036	206 120	958 599	496 348	5,124 4,026

Table II.—Showing classification of Private Hospitals licensed at December 31st, 1941 and December 31st, 1946.

Beds.	1.	2.	3.	4-5.	6–10.	11-20.	Over 20.	Total.
Sydney and District— 1941 1946 Country Districts— 1941 1946	4	9	18	25	55	52	36	199
	3	6	7	11	43	40	34	144
	17	29	34	61	94	54	8	297
	15	16	22	38	66	40	7	204
Total— 1941 1946	21	38	52	86	149	106	44	496
	18	22	29	49	109	80	41	348

TABLE III.—Showing general decline in numbers of the different types of Private Hospitals during the period 1941-1946.

	Total Hospital.	Total Beds.	Medical, Surgical and Lying-in.	Surgical.	Lying-in.	l Bed.	2 Beds.	3 Beds.	4–5 Beds.	6-10 Beds.	11–20 Beds.	Over 20 Beds.
1941 1946	496 348	5,124 4,026	237 173	53 55	$\frac{206}{120}$	21 18	38 22	52 29	86 49	149 109	106 80	44 41
Decrease	148	1,098	64	+2	86	3	16	23	37	40	26	3
Percentage decrease	29.8	21.4	27	+3.8	41.7	14.3	42.1	44.2	43	26.8	24.5	6.8

Comment.—From the above figures, it can be seen that hospitals licensed for the reception of medical, surgical and lying-in cases constitute the greatest proportion of the total number being 49.7% for 1946, those for lying-in cases only, being 34.48%, and those for medical and surgical cases only, 15.8%.

The corresponding percentages for 1941 were 47.7%, 41.5% and 10.8% respectively.

The number of beds available was greatest in those hospitals licensed for the reception of medical, surgical and lying-in cases, being 59.4%. Those available for lying-in cases only were 14.9% and for medical and surgical 25.7%.

The 1941 figures corresponding were 60.2%, 18.7% and 21.1%. The greatest decrease has been in those hospitals which admit lying-in cases only, and at the expense of those hospitals whose bed capacity is 2 to 5 (43%). Those hospitals licensed for 6 and over 20 declined by 20%. The only category showing an increase concerned the number of hospitals admitting medical and surgical cases only—this increase being 2 (3.8%).

HOSPITAL ADMISSION DEPOT; MEDICO-LEGAL SECTION, ETC.

REPORT OF THE GOVERNMENT MEDICAL OFFICER FOR THE YEARS 1941 TO 1946.

Medical Staff.

In 1941, the medical staff consisted of Dr. C. E. PERCY, Government Medical Officer for Sydney, Dr. C. W. ENGLAND, Assistant to the Government Medical Officer, and Dr. F. W. FRASER.

From October, 1941, to December, 1945, Dr. England was absent on Military Service and Dr. Fraser performed his duties. In 1945, owing to an increase in the work of the division, Dr. S. H. Hankins was appointed, and in 1946 the medical staff comprised Drs. Percy, England, Fraser and Hankins.

Hospital Admission Depot.

Assistants: Mr. W. GRIERSON (retired medically unfit, 1946), Mr. R. Duncan, Mr. R. Curtis and Mr. A. Hale.

Night Officer: Mr. A. W. STEVENS.

Medical Work.

Admissions to Hospitals and Homes.—Admissions are arranged to Metropolitan Hospitals, State Hospitals and Homes and Convalescent Homes. These admissions are arranged by medical practitioners telephoning the Hospital Admission Depot or by personal application. The admissions of country applicants to Metropolitan and Base Hospitals are also arranged. Transport by ambulance is arranged by the Depot for admissions to hospitals, inter-hospital transfers, and visits from one hospital to another for treatment.

Medical examinations for State Government Departments.— These examinations are carried out for various departments, the State Superannuation Board, the Maritime Services Board and the Board of Fire Commissioners. Some of these cases are visited in their own homes or in hospitals.

Medical examinations of Police Recruits.—These include applicants for admission to the Police Force as probationary constables and police cadets. Some of these applicants are examined repeatedly before final acceptance. Probationary constables are all re-examined prior to the confirmation of appointment at the end of twelve months' service. Police cadets are examined every six months during their service.

Medical examinations of sick police.—Matters concerning the health of the Police Force are dealt with and a daily sick parade is held at which police on sick report are seen at

intervals during their illness to determine their fitness or otherwise to resume work. All police assaulted or injured while on duty are also examined.

Vaccinations.—Vaccination against Small Pox is carried out for members of the public, and all new appointees in the Police Force are vaccinated during their first year of service.

Miscellancous.—Other work includes the taking of throat swabbings for the detection of diphtheria bacilli in children being admitted to various institutions. Numerous persons are directed to appropriate places for out-patient treatment or are advised on medical matters or social services.

Medico-Legal Work.

Examinations of alleged rape and other assault cases.— These cases are examined at all hours, exhibits connected with such cases are examined and evidence is given at various courts.

Work for the City Coroner.—The Government Medical Officer performs autopsies at the City Morgue in connection with suicides, homicides, violent and uncertified deaths.

Lunacy work.—The Reception House at Darlinghurst is visited daily by a medical officer of this branch for the purpose of certifying persons for admission to Mental Hospitals.

The end of the war brought an increase in the volume of work. This was mainly due to a resumption of police recruiting on a large scale and to an increase in the number of exservicemen examined for the Department of Road Transport and Tramways in connection with applications for travelling concessions. Dr. S. H. Hankins made three extended country tours with the Police Mobile Recruiting Committee during 1946. The increase in police recruiting and the resumption of overseas travelling caused a marked increase in the number of people vaccinated against Small Pox.

Two tables are appended showing figures covering some of the work for the year 1941-1946.

TABLE I: ADMISSIONS TO HOSPITALS.

	1941.	1942.	1943.	1944.	1945.	1946.
Admissions to Metropolitan Hospitals		3,794	5,533	5,634	5,637	4,432
Admissions to State Hospitals and Homes	7,796	7,476	6,149	6,230	5,555	5,095
Admissions to Convalescent Homes	1,270	1,158	985	1,067	998	1,022
Ambulance Removals	12,973	10,937	13,784	14,066	13,889	10,933

TABLE II: MEDICAL WORK.

	1941.	1942.	1943.	1944.	1945.	1946.
Examinations for Government Departments	635	894	970	999	1,154	1,719
Police Recruits—Primary examination	409	210	174	312	1,574	1,883
Probationary Constables—Examinations prior to confirmation of appointment	95	36	15	22	21	321
Police Sick Report and daily average	62	76	87	84	91	108
Certifications at the Reception House	1,172	1,250	1,346	1,231	1,360	1,395
Examinations in cases of rape and other assaults	133	115	123	115	119	101
Vaccinations	138	58	71	68	89	554

HEALTH EDUCATION BRANCH.

SUMMARISED REPORT FOR THE YEARS 1941 TO 1946 INCLUSIVE.

BY THE PUBLICITY OFFICER.

Introduction.

The above six years have been the most important in the history of the Department's health education activities. They have seen the growth of activities from small-scale operations to planned State-wide campaigns reaching record proportions in 1946. This has been due to the provision of adequate funds and staff. A Publicity Officer was appointed to the Department in 1926. For years his activities were severely restricted by lack of funds and staff, but despite these handicaps, sound progress was made and a solid foundation laid on which to build, details of which are given in previous reports. In February, 1944, an Assistant Publicity Officer and a senior Secretarial Assistant were appointed. Later a Despatch Officer was added. These three, together with the existing Publicity Officer and an Office Assistant, made up the total complement of five. In April, 1946, a qualified Projectionist was appointed in place of the Despatch Officer, his duties embracing also despatch work. This staff works under the general direction of a Senior Medical Officer. Also in 1944 the services of an Advertising Agency and a firm of Window Display Contractors were obtained. Appointment of these two services meant that a far greater volume of work could be handled in the sphere of paid advertising without increasing the staff of the Branch beyond five.

Increase in the provision of funds is shown by the amounts expended during the relevant financial years:

1940-41	•	£992
1940-41		
1941-42		£2,000
1942-43		£2,000
1943-44		£2,000
1944-45		£16,000
1945-46		
		620,000
1946-47		.x32,000

A comparison of the work done in 1941 with that of 1946 shows the growth of activities. In 1941 two new 30in. x 40in. posters were produced and two more were re-issued. A set of cards were issued for free display in trams. Several new editions of pamphlets were published. Other activities were film screenings, talks, window displays, issue of press paragraphs and circulation of screen slides, recorded broadcasts, window display material and printed matter. These activities were necessarily on a small-scale.

In 1946 the following new material was produced:

150,000 copies of a new two-colour pamphlet on diphtheria immunization entitled "Here Are the Facts."

20,000 copies of a revised two-colour pamphlet on Rat control, entitled, "Get Rid of the Rats."

100,000 copies of a three-colour pamphlet on Diphtheria immunization entitled "My Children Are Protected."

50,000 copies of a revised and improved edition of the pre-natal booklet, "Healthy Motherhood."

25,000 copies of the mothercraft booklet, "Our Babies." 100,000 copies of a one-page leaflet on rat control entitled

"Rats Carry Disease."
20,000 copies of a leaflet to advertise Nutrition lectures

entitled "Which Foods are the Best."

10,000 copies of a two-colour eight-page pamphlet on "Diabetes."

5,000 copies of a two-colour pamphlet on "Hydatid Disease."

25,000 copies of a two-colour pamphlet on nutrition entitled "Making the Most of Country Produce."

30,000 copies of a pamphlet on maternal and baby welfare entitled "Your Baby and You."
100,000 copies of a pamphlet on rat control entitled

"Typhus."

100,000 copies of a three-colour booklet on venereal disease entitled "V.D. is Curable."

50,000 copies of a revised edition of our nutrition pamphlet with a four-colour cover entitled "Food and Nutrition."

50,000 copies of a large three-colour card entitled "Sumptuous Sandwiches for School Lunches."

50,000 copies of a new two-colour, 6-paged folder on T.B. entitled "Can You Tell."

10,000 copies of a two-colour leaflet entitled "Cancer."
10,000 copies of a two-colour leaflet entitled "Cancer for Women."

30,000 copies of an eight-paged health newspaper entitled "Fitness."

Posters.

The following is a list of posters produced in full colours:—
"Don't be a Litterbug" 5,000 Size 20in. x 30in.
"Don't Spit" 5,000 ",
"Whooping Cough" 5,000 ""
"Calling All Mothers" 5,000 ", "Public Enemy No. 1" 5,000 ",
"Eglangod Limah" 5 000
"Meat Thief" 5,000 ","
"Things You Should Know" 5,000 size 30in. x 40in.
"Right Way to Cook Greens" 5,000 size 20in. x 15in.
"Balance Your Diet" 5,000 size 20in. x 15in.
24-Sheet Posters (size 20ft. x 10ft.) for display on hoardings:—
"Diphtheria Strikes 1 in 9" 200
"Loaded Dice" (V.D.) 200
Show Cards: Mainly for window displays, etc.:
"Diphtheria Strikes 1 in 9" 1,000 "339,000 Children in Danger" 1,000 "Loaded Dice" (V.D.) 1,000
"339,000 Children in Danger" 1,000
"Loaded Dice" (V.D.) 1,000
"Baby Health Centres" 12
Tram Cards:—
"Tuberculosis"
"Baby Welfare" 1,000
whooping Cough
"Right Way to Cook Greens"
"Balance Your Diet" 1,000 "A Balanced Lunch" 500
Tram and Train Stickers.—3,000 copies of six designs
adapted from posters on Immunization, Flies, Spitting, V.D. (2), Whooping Cough and the following new designs:—
"Rats Carry Disease"
"Pre-Natal Care" 3,000
"Nutrition" 3.000
"Nutrition" 3,000 "Tuberculosis" 3,000
"Accident Prevention" 3,000
"Hygiene"
TVOLUUU ENVELONE SLICKEIS ON LANDINEIS IMMIINIZOTION

Window Displays:

14 full-size window displays, two each of seven different subjects (duplicates of 1945 Health Week Windows).

103,000 envelope stickers on Diphtheria Immunization.

- 14 new window displays (full size) obtained for the 1946 health week.
- 4 sanitation displays for country displays entitled "Help to Fight Disease."

Recordings for Broadcasting:

- 16 one-minute health announcements were recorded and 42 pressings made.
- 16 pressings of a further eight recorded one-minute health announcements were also made.

Slides:

- (a) Rat Control, 30.
- (b) (i) 339,000 in danger, 33 (on diphtheria immunization); (ii) 1 in 9, 44.
- (c) Baby Health Centres, 20.

Miscellaneous.—Other material acquired in 1946 ranged from prints of 35mm, and 16mm, films to a large exhibition display entitled "Fitness," of which the original cost was £2,000.

Prior to 1944 the Department was able to make only token entries into the various fields of advertising, and was dependent upon the co-operation of the press and radio for free space and time over the air. With the provision of funds significant efforts were possible as the above list shows. In addition, it was possible to operate in some of the most important fields previously denied to it, viz., paid press advertising, purchase of time on the air, and production and display of 24-sheet posters on rented hoardings.

Press Advertising.

This activity commenced in February, 1945. The main campaign was on venereal disease, and advertisements were taken in nearly all the New South Wales newspapers. One result was a very large increase in attendance at the Department's V.D. Clinic. There was considerable public support for this campaign which undoubtedly did much to dispel widespread ignorance and to remove the social taboo on the subject. Other subjects featured in press advertising were nutrition, tuberculosis, sanitation, diphtheria immunization, rat control and noise abatement. The publicity campaign

to encourage parents to have their children immunized against diphtheria begun in 1936 in conjunction with the local authorities, has proved most successful and over 600,000 children have now been protected.

In 1946 press advertisements on this and the other subjects mentioned appeared in four Sydney dailies, five Sydney weeklies and fifty-eight country papers. The advertisements varied in size from double columns to full pages, and appeared regularly throughout the year. In addition, twenty South Coast newspapers were used for a special advertising campaign on diphtheria immunization in the South Coast Health District. In some of these advertisements free copies of the Department's publications were offered and the response was remarkable. For instance, in a period of six months no less than 21,000 written applications for Food and Nutrition and other pamphlets were received and more than that number of persons called at the Department—a total of approximately 50,000 individual inquiries. Unfortunately, paid press and radio publicity ceased at the end of June, 1947, owing to lack of funds.

Press Publicity.

Articles on health, about 400 words long, have for years been sent to newspapers which use them as editorial matter. The system has been standardised so that each week four articles are issued and one article is sent to all country and suburban newspapers in the State. Four articles are used to ensure that newspapers serving the same areas receive different material. Over the years the papers have co-operated to a valuable degree but shortage of paper has militated against this form of free publicity in recent years. This is being overcome as far as may be by the issue of articles divided into self-contained paragraphs for use as "fill-ups."

The Department now subscribes to a press clipping service which supplies items on health noticed in city and country newspapers. This service shows that recently the average number of country papers using the material is forty, that is ten to each article. In addition they appear in suburban papers and other media of which we have no record. This publicity is secured free. This service could be improved by the circulation among papers of stereos to illustrate our articles and a commencement was made some time ago, but lack of staff hitherto has prevented the general adoption of this plan. Also in the sphere of free publicity the Department's medical officers often give statements and interviews to the city newspapers which are featured as important news times. This material is very valuable from the angle of health education. Of particular value have been the statements given by the Metropolitan Medical Officer of Health who also supervises the work of this branch.

Radio Advertising.

This activity commenced in February, 1945, and took the form of one-minute announcements of about 100 words. These were recorded by medical officers of the Department. By a decision of the Federal Parliamentary Committee on Broadcasting the Department was prevented from giving talks on venereal disease. Further difficulty was encountered when the Federation of Commercial Broadcasting Stations disapproved of some of the Department's sanitation announcements on the grounds that they contained words which they considered unsuitable for broadcasting. However, the stations have assisted us as far as practicable and recorded one-minute announcements were given regularly on both day and evening sessions over the six Sydney commercial stations and over thirteen of the country ones until December, 1946, when they were cancelled.

A paid five minute weekly broadcast on health was given throughout 1946 by the Medical Officer of Health for the South Coast Health District over 2WL.

Radio Publicity.

Two series of recorded three minute radio talks by officers of the Department have also been made and some have been used by the ABC in the State women's session over 2BL and by some country stations. This has been done free. From time to time, particularly during Health Weeks, talks have been given by the Minister for Health and by Departmental officers as featured items on station programmes. The advent of radio newsreels and documentaries have enabled the Department's medical officers to give statements and interviews akin to those of the newspapers. Regular broadcasts have consisted of a weekly ten minute talk by Departmental officers for two years (1943-45) on a 2UW County Council session and recently the Baby Health Centre sisters at Goulburn and Mudgee have commenced a weekly series of mothercraft talks over the local stations. Recently all metropolitan stations began a weekly broadcast of information for housewives on economical spending of money on fruit and vegetables and plans are now on hand for regular health announcements or talks over all stations willing to co-operate.

24-Sheet Poster Advertising.

This activity commenced in February, 1945, when fifty hoardings were obtained and posters exhibited continuously thereon. At that time good poster sites were difficult to obtain and since then some of these sites have been cancelled and better ones substituted. Also as they became available new sites were added until at the end of 1946 ninety-three sites were in continuous use.

From February, 1945, to December, 1946, the following 24-sheet posters have been produced and exhibited:—"Shadow Over Australia" (V.D.), "Control of V.D.," "Nutrition," Diphtheria Strikes One in Nine" and "Loaded Dice" (V.D.).

Months News Sheet.

Free press and radio publicity, and the free screening of health films in theatres, together with the distribution of pamphlets, and staging of window displays and health exhibits at country shows, with the co-operation of the local council, continue to offer the best opportunities for health education of the public on a goodwill basis. Other fields are closed to us unless and until substantial grants can be made annually for the purpose. This work can be greatly extended, however, when more staff can be made available, provided funds are sufficient to maintain supplies of material. It could also be stimulated by the issue of a monthly sheet on Health Education for distribution to local authorities, newspapers, broadcasting stations and organisations and public bodies interested in health as is now done in Queensland. The idea has often been explored here but so far it has not been possible to undertake it.

Window Displays.

With the provision of adequate funds it has been possible to build up a considerable and varied stock of window displays. These are of two types, major and minor. The major displays are full-size complete units originally obtained for important windows in big Sydney stores during Health Weeks. The minor displays are made up of miscellaneous display material and posters and being on a smaller scale and flexible, are suited to indows in suburban and country stores. Wherever it has been possible to obtain the free use of windows, the Department's Window Display Contractors have staged these displays, generally for the period of one month. Some municipal councils have co-operated in obtaining the free use of windows in their districts. Lighting restrictions have considerably handicapped our efforts to make effective window displays.

With the co-operation of the councils, displays have also been staged at country shows with excellent results. It is hoped to build up this activity as opportunity offers by manufacture of portable exhibits which will fit into crates for transportation.

Films.

From time to time additions were made to our library of 35 mm. standard size films and 16 mm. sub-standard films.

At the end of 1946 the 16 mm. library contained seventy-two positive prints of which sixty-six are different titles. The 35 mm. library contained fifty positive prints of which twenty-four are different titles.

At the beginning of April, 1946, a qualified projectionist was appointed to the staff of the Publicity Branch. It was then possible to conduct an enlarged number of screenings of 16 mm. films. Screening health films has been an activity of the Branch since 1927 when a portable 35 mm. projector was purchased for showing silent films, for which purpose a number were purchased overseas and in 1928 we commenced making 35 mm. documentary health films, thus pioneering this activity in Australia. In 1939 the first complete sound 16 mm. equipment was purchased. The branch now possesses three complete equipments, one of which is stationed permanently at the Newcastle office.

During 1946 sixty 16 mm. screenings were given. In addition, a twelve-hour daily programme was screened at the Town Hall for four days during Health Week. The total audience for these screenings was 23,000 people who saw 305 films.

As from the 1st October, 1946, the Department entered into an agreement with the Motion Picture Exhibitors, whereby we would discontinue our practice of arranging publicly advertised screenings of 16 mm. films in public halls in competition with local theatres. These films can, however, still be screened under the sponsorship of any organisation and the theatres are also co-operating by arranging matinees and shows on off nights. In return, the exhibitors agreed each month to release for screening in all theatres in New South Wales, health shorts to be produced by the Department.

There will be no charge to the Department for this service, other than the cost of supplying the prints. The Department is now actively engaged in preparing a shedule of film releases to take advantage of this valuable arrangement.

Until the above agreement was made 35 mm. films were circulated to councils, who arranged screenings with their local exhibitors, but they were principally used at special matinees for school children. For example, between 1st April, 1946, and 31st December, 1946, there were thirty screenings of this nature which were seen by a total audience of 20,000. In view of the agreement our library of 35 mm. films will no longer be circulated to councils except where special films are requested as part of a local campaign, e.g., diphtheria immunization, rat control, etc.

In 1943 the Department produced a ten minute 35 mm. film "Poisoned Dagger,' 'on the control of the aides algypti mosquito. Fourteen copies of this film were made available for circulation to picture theatres and were widely screened in the north and west as part of the campaign against dengue fever.

Slides.

In 1943 the Department produced 580 slides on dengue fever and droplet infection. Through the public-spirited cooperation of the firms controlling screen slide advertising these were screened throughout the State at no cost to the Department

Quantities of slides on whooping cough, diphtheria immunization, rat control and baby welfare have also been produced and loaned to councils who arrange exhibitions at their local theatres.

Pamphlets.

Pamphlet distribution has shown an enormous increase over the period 1941-46. With the provision of funds it has been possible not only to increase the number of pamphlets printed, but also to improve their quality and appeal. Colour and illustrations as well as attractive lay-outs have increased the demand. Extension of health education methods to the field of paid advertising has again increased the demand. In press, radio and poster advertisements we have drawn attention to the fact that various publications have been available. Thus in the case of the pamphlet "Food and Nutrition" over six thousand individual applications were received from the public after it had been offered in press advertisements.

Apart from the general public, the pamphlets find ready distribution to schools, factories, organizations, doctors, hospitals, councils and shires, baby health centres, etc.

The Department continues to issue the mothercraft book, "Our Babies," which was compiled in this branch in 1930-31, and has now passed through fifteen editions, over 600,000 copies having been distributed mainly through baby health centres.

The number of pamphlets issued was steadily increased until by the end of 1946 the Department was distributing thirty-five of its own publications as well as fourteen by the School Medical Service Branch. In addition, the three health week books published yearly by the Health Week Council, two pamphlets by the Australian Dental Association, nine by the Commonwealth Health Department and two by the New South Wales Department of Agriculture were distributed.

In 1946 which was the peak year, over half a million pamphlets were distributed. Appended is a complete list of the Department's pamphlets, available for distribution.

Posters.

Between 1941-46 new posters and reprints of previous successful ones were obtained not only in the standard sizes, but in smaller sizes for particular purposes. At the end of 1946 the Department was holding considerable stocks of twelve new 20-inch x 30-inch posters and one 30-inch x 40-inch poster. Small stocks were held of seventeen 20-inch. x 30-inch. posters issued prior to 1941 and two 30-inch. x 40-inch. posters. Five new posters were issued in the 15-inch. x 20-inch. size. These posters are supplied to councils and interested bodies and are exhibited in special frames in baby health centres and railway stations.

For exhibition in the trains and trams various stickers and cards have been produced. The designs for these have either been adapted from the larger posters or new designs created.

The posters are distributed mainly to schools, factories, organisations and baby health centres. In 1944 a special large distribution was made to schools through the co-operation of the Education Department as a link-up with the health week activities and to all important factories in the state in co-operation with the Factory Welfare Board. A noteworthy feature is that large quantities of posters have been sold at cost to governmental and other bodies in the other States and New Zealand. During 1946 over 22,000 posters were distributed.

Appended is a list of the posters at present distributed by the Department.

Health Weeks.

During 1941-46 the Department as before played a prominent part in the annual health week campaigns conducted by the Health Week Councils. The principal campaigns are those of Sydney and Newcastle. In addition, some local campaigns were held by country and suburban municipalities. The Department participated by providing a cash subsidy, by compiling the health week booklets, assisting to organise the campaigns, supplying departmental officers for lectures and broadcasts, providing large quantities of pamphlets, posters and window display material, and by arranging screenings of 16 mm. and 35 mm. films.

Special Events.

"World of Plenty" Screening.

In November, 1945, the Department arranged the first public screening in Australia of the brilliant nutrition film: "World of Pletny." It was screened for four days and nights at the Sydney Town Hall and for two weeks in the openair at night at Phillip Park. The programmes lasted 1½ heurs and the main feature was supported by excellent health films produced by official British and American bodies and by Metro Goldwyn Mayer. An admission charge of 1s. 6d. was made and the total attendance exceeded 20,000. This proved to be the most successful showing of documentary films yet undertaken in Australia and proved a most valuable health educational activity.

Health Week Exhibition.

A Health Week Exhibition was held in the Lower Sydney Town Hall in 1945 at which this Department exhibited a special display entitled: "Help Yourself to Health," which was subsequently exhibited at Cessnock, Newcastle, Maitland, Gunnedah, and Tamworth shows. The following year a more ambitious Health Week Exhibition was held in both the Upper and Lower Halls. The exhibition was a big success, with the public attendance being in the vicinity of 100,000.

The Department was one of the main exhibitors with its display entitled: "Fitness" (which cost over £2,000 to prepare), and also ran a 300-seat theatrette in which documentary films on health were screened.

The "Fitness" exhibit consisted of ten bays on different features of the Department's work, as well as an Information Bureau and a gallery on venereal disease. The venereal disease gallery was the outstandingly successful feature of the exhibition. It was visited by over 14,000 people and was generally considered to be the most telling education exhibit on V.D. ever made in this State.

The fitness display and the V.D. gallery were subsequently exhibited at Wollongong, at the Royal Agricultural Show and at Newcastle. At the four locations it has been seen by a total of 393,000 people.

In the theatrette, the programme screened was taken from over 39,000 feet of film. This was the largest and most comprehensive collection of documentary films ever made in this State. The theatrette proved most popular. Over 15,000 people attended screenings and hundred were turned away.

Large quantities of the Department's pamphlets were distributed at the exhibition. In particular 10,000 of the V.D. booklets were given out to people passing through the V.D. gallery. Also 30,000 copies of a special health newspaper entitled, "Fitness" were obtained for the exhibition and 20,000 were distributed there.

Conclusion.

As has been described in the sections above it was possible to build up the health education work of the Department between 1941-46 to the point where a large, varied and balanced campaign was being carried out. This campaign was designed to educate the people of this State in promoting and safeguarding their own and ther families' health. Such education is just as important if not more so, than any other form of popular education, on which large sums are expended annually. "A Healthy Mind in a Healthy Body," represents the ideal.

If the health information spread by the campaign resulted in the saving of only twenty lives that would be worth at least £40,000 to the State. That is estimating the value of one life conservatively at £2,000.

Australia needs increased population. If lives are saved and sickness prevented among the present population this is surely the soundest of ways to increase and improve our labour force.

In this State we spend millions endeavouring to make sick people well, but hitherto comparatively little in keeping them well. In modern health administration the emphasis is now on the preventive rather than the curative side of medicine. It is necessary now more than ever that the national health

should be maintained at a high standard. To maintain a high standard each individual must be aware of his own responsibility to safeguard his health. That is why it is necessary to educate the individual in the science of how to live.

Health education along popular lines is the only means by which people can be taught how best to promote good health and well being, both of body and mind. People too, must learn to use the knowledge and means of preventing disease that scientific research has made available, and the services and facilities which the Health Department has provided for them. The aim of the campaign of health education was to secure the interest and co-operation of every person in raising the standard of both personal and community health and thus ensuring the physical and mental wellbeing of the people of this land of ours.

List of Pamphlets Published by the Department of Public Health and Available for Distribution.

Our Babies, to educate mothers in pre-natal and post-natal care of themselves, and how to care for their babies.

Healthy Motherhood, to educate mothers in pre-natal care. Anthrax.

Botulism. "Danger From Home Preserved Foods."

Cancer.

Cancer for Women.

Cerebro-spinal Meningitis.

Common Pests (Flies, Mosquitoes, Fleas, Bed Bugs, Scabies,

Dengue Fever.

Diabetes.

Diphtheria.

Diphtheria Immunization. "My Children are Protected" and "Here are the Facts."

Encephalitis Lethargica (Sleeping Sickness).

Food and Nutrition.

Food Poisoning.

Goitre.

German Measles.

Hookworm Disease.

Hydatid Disease.

Infantile Paralysis.

Influenza.

Making the Most of Country Produce (Recipes).

Measles.

Mumps.

Noise. "For Your Health and Happiness."

Rat Control. "Rats Carry Disease" and "Get Rid of the Rats."

Sumptuous Sandwiches for School Lunches.

Things you Should Know (First Aid, etc.).

Tuberculosis. "Can You Tell Which of These Persons Have T.B.?"

Typhus.

Venereal Disease.

Posters.

Size 30 in. x 40 in.—

First Aid, etc.

Things You Should Know. Size 20 in. x 30 in.—

Don't be a Litterbug.

They Lived Happily.

Venereal Disease is a Killer.

Enemy No. 1.

Don't Spit. Safe Milk for Your Child.

Cleanliness Repels Disease.

Whooping Cough.

A Balanced Lunch. Prevent T.B.

Do You Want Your Child to

Suffer.

Size 19 in. x 24 in.—

Make Sure, Mummy. Size 15 in. x 20 in.—

Flies Have Dirty Feet.

Dengue Fever.

Cover Up Each Cough and Sneeze.

It's The First Year That

Right Way to Cook Greens.

Balance Your Diet. Keep Your Homes Clean.

Stop the Rat Invasion. For Your Protection.

Subject.

Sanitation.

V.D., Produced by the Health Week Council.

V.D., Produced by the Health Week Council.

Fly control.

Hygiene.

Hygiene.

Hygiene.

Nutrition.

Diphtheria Immunization.

Hygiene.

Fly Control.

Droplet infection.

Baby Welfare.

Nutrition. Nutrition. Rat Control.

Rat Control.

V.D.

DEPARTMENT OF PUBLIC HEALTH—NUTRITION SECTION-1942-46.

By E. O'BRIEN.

The Nutrition Section within the Department of Public Health came into being as a result of the appointment of a State Nutrition Committee for New South Wales in October,

Recognising the importance of nutrition in the field of preventive medicine the Minister for Health in October, 1942, appointed the following to constitute the State Nutrition Committee:—

- Professor H. Priestley-Professor of Bio-Chemistry, University of Sydney (Chairman).
- Dr. H. G. WALLACE—Deputy Director-General of Public Health.
- Dr. G. CUTHBERT—Director of Maternal and Baby Welfare. Miss J. Woodhill-Chief Dietitian, Royal Prince Alfred Hospital—Representative of the National Council of
- Dr. A. E. MACHIN—Principal Medical Officer, Department of Education-As representative of that Department.
- Professor E. S. Wallace-Dean of the Faculty of Dentistry, Sydney University.
- Mr. A. H. McDonald-Chief of the Division of Plant Industry, Department of Agriculture-As representative of that Department.

The Committee was appointed for a period of three years. At the completion of this period the Minister and the Government asked that this important national work be continued and the Committee agreed to act for a further three years.

The functions of the Committee as set out under the terms of appointment are:-

- (1) To act as a means of liaison between the Minister for Health and the Australian Food Council, the Nutrition Committee of the National Health and Medical Research Council, the Nutrition Committees of other Australian States, and similar bodies within Australia or elsewhere.
- (2) To keep itself informed of the state of nutrition of the people of New South Wales, and, in particular, of the children of school and pre-school age, and to institute such inquiries and obtain such information in regard thereto as it may deem necessary and desirable.
- (3) To advise the Minister without delay in the case of any existing or anticipated lack or inadequacy of any essential foodstuff coming to its knowledge.
- (4) To keep itself informed regarding the wholesale and retail price of essential foods.
- (5) To disseminate for public information advice to housewives and others regarding nutrition, the composition of foodstuffs and preparation of dietaries, the means of purchasing food with due regard to economy and methods of preparing foods in the home.
- (6) To report to the Minister, at such times as it may think fit regarding any matter pertaining to the production, distribution, sale or consumption of any foodstuff.
- (7) To elect annually from amongst its members (a) a chairman, (b) a deputy chairman, (c) an executive composed of not less than three members including the chairman, and to elect from time to time from among its members such sub-committees as it may deem necessary.
- (8) The Committee may co-opt to the Committee, or to any of its sub-committees, for such period as it deems advisable, any person whom it considers suitably qualified to assist the Committee or sub-committee.
- (9) To present to the Minister, as soon as practicable after the thirtieth day of June in each year, a report of its activities during the twelve months immediately preceding, together with any observations or recommendations in relation thereto which it may think fit to make.
- (10) Generally, to conduct such inquiries into human nutrition as are considered necessary by the Committee or by the Minister and to formulate such plans and recommendations for the Minister's consideration, as it may consider desirable.

The Committee meets regularly; during the first term of office once a month and subsequently at regular two monthly intervals.

The work of the nutrition services within the Department is to an extent directed by the State Nutrition Committee, each member of which is an expert in his or her particular sphere, and the actual work is carried out by the departmental staff, the publicity being handled by the Publicity Branch of the Department. The work covers a wide field and includes publicity through broadcast talks, posters, pamphlets, leaflets, booklets and lectures (singly or in series).

From the beginning the Nutrition Committee's main cousideration has been "to disseminate for public information advice to housewives and others regarding nutrition, the composition of foodstuffs, the preparation of dietaries, the means of purchasing food with due regard to economy and methods of preparing foods in the home." As a first step towards the dissemination of information and propaganda the Committee considered it essential that a Nutrition Section should be established within the Department of Public Health from which Section the public generally could seek advice and information on the subject of nutrition. Funds were made available and this section was set up within the Department. A trained dietitian was appointed to the staff early in 1944 and the personnel of the section consisted of the Secretary, State Nutrition Committee, a senior shorthand-typiste and a trained dietitian. In April, 1946, two additional trained dietitians were appointed to the staff.

During the first year relations were established by the Committee with the Nutrition Committee of the National Health and Medical Research Council and the Committee assisted the Commonwealth Nutrition Committee in its publicity campaign by the distribution of pamphlets on nutrition.

Arrangements were made with responsible residents in a number of conutry towns to furnish monthly reports of shortages of essential foods. A copy of the information supplied was passed on to the Controller-General of Food at his request. The towns from which the reports were received were so selected as to fairly represent the country districts of the State and the reports indicated reasonably accurately the food position in the country districts generally. This arrangement continued until the end of the war years and the food position gradually returned to normal.

The Committee found the demand for trained dietitians was far greater than the supply and there appeared to be a reluctance on the part of science graduates to take up dietetics as a profession, the main reason being the financial outlay involved for an extra year. As a result of discussions initiated by the committee, financial assistance was arranged through the Hospitals Commission for the additional year of training, and is still being given.

During the second year 1943-44 contact was established with the Departments of Health in New Zealand and Canada, and is still being maintained. Through the New South Wales Official Secretary in London the Committee continues to receive particulars of the United Kingdom food supply, production and distribution plans.

The committee arranged a series of lectures on nutrition to groups from such organisations as the N.E.S., with its auxiliary services, C.U.S.A., St. John Ambulance and classes sponsored by other bodies. The lectures were given by the dietitian, members of the Dietetic Association of New South Wales and members of the Medical Women's Society who worked in co-operation with the committee.

Later, with the appointment of two additional dietitians early in 1946, the lectures were extended to country districts.

The committee strongly recommended that the Government should seriously consider the question of extending the free milk in schools scheme and strongly supported the Commonwealth Nutrition Committee's recommendation that the Commonwealth Government arrange for the free distribution of milk to expectant and nursing mothers and children up to two years. The committee is still pressing for the introduction of a scheme whereby milk will be supplied free or at a reduced cost to this group.

During 1944-45 particular interest was taken in the development of schemes for the supply of nutritious lunches for school children, and the nutrition section played an important part in this developmental work. Leaflets were prepared giving advice regarding the Oslo health lunch and the operation and equipping of a school lunch scheme. Talks were given to groups on the advantages to be gained from the establishment of a school canteen, and assistance has been given and is still being given to groups who are operating such schemes.

In July, 1945, a conference was arranged by the Parents & Citizens and Teachers Federations to stimulate interest in the establishment of school lunch schemes with gratifying results.

The committee took an active interest in this development and is represented on the School (Oslo) Lunch Advisory Committee which was appointed at the above conference to advise schools, groups of parents and others interested in the establishing and operating of school lunch schemes and to promote the growth of these schemes.

Activities of the Nutrition Section.—The dietitians' duties include the handling of all inquiries by telephone, personal visits or letters, relating to diet and food problems, the giving of lectures, on request to interested groups, and the preparation of facts and data for publicity.

Lectures.—Talks on nutrition, food values, school lunches and related subjects are given to interested groups such as Mothers' Clubs at schools, Kindergartens, Day Nurseries and Parents & Citizens' organisations. These may be in the form of a single lecture, or a series of lectures or as demonstrations.

On request, general advice is furnished and reports prepared on the food services in Child Welfare Homes, Church Homes and similar institutions.

Publicity.—Publicity material is prepared and distributed through newspaper articles and country broadcasting stations. Leaflets and pamphlets on food are prepared for publication by the Department.

The dietitians have co-operated with the Publicity Branch in the preparation of and the staffing of the nutrition section of the Department's exhibit for the Health and Recreation Exhibition during Health Week.

Country Visits.—During 1946 dietitians visited country districts throughout New South Wales to disseminate knowledge on nutrition. The general procedure was to spend several days in each town and give lectures to the general public and talks to local organisations such as Red Cross Society, Country Women's Association, mothers attending Baby Health Centres and Rotary Clubs. Talks were also given to school children both in primary and super primary groups.

The dictitians have attended conferences of Agricultural Bureaux and Junior Farmer Clubs in many districts and given talks and demonstrations on some aspect of food to the Women's Sessions.

SECTION I.

C. DIVISION OF MATERNAL AND BABY WELFARE.

Report for the Years 1941-1946, Inclusive.

DIRECTOR: Dr. GRACE J. CUTHBERT, M.B., Ch.M., M.R.C.O.G.

PART I.—MATERNAL WELFARE.

Pre-Natal Clinics.

The departmental pre-natal clinics were first opened in 1929 to supplement those in operation in the Metropolitan Obstetric Hospitals. The marked increase in attendances in the last five years indicates a growing appreciation of the importance of regular pre-natal supervision.

Patients attending the departmental pre-natal clinics are those booked at the Metropolitan Obstetric Hospitals and those referred by midwives or by letter from private practitioners. Cases from the departmental clinics requiring special treatment are referred to the hospitals concerned. Midwives are obliged under the Nnrses Registration Act to arrange for medical advice in cases of abnormality; this service is therefore a great benefit to the midwives in the districts concerned.

Every mother is given a card on which is recorded at every visit an abbreviated history of her pregnancy. She takes this card with her to the hospital at the time of her confinement. In addition to the medical record for the use of the hospital, the card helps to assure regularity of attendance by the mother as the dates of each visit are noted for her in advance. If she fails to attend on this date which is entered in the attendance book at the centre, one of the Baby Health Centre Nurses calls at her home.

Two of the most useful sources of education in emphasising the need for regular pre-natal supervision have proved to be the film "Modern Motherhood" and the Department's free booklet, "Healthy Motherhood." The latter is used by most obstetric specialists, and the majority of general medical practitioners and all public obstetric hospitals in New South Wales.

During 1941 and 1942 weekly clinics were conducted at Parramatta, Manly and Campsie by practising obstetricians paid by the Department. The other six clinics, the weekly evening clinic at Newtown, the fortnightly clinics at Hornsby, Hurstville, Mascot and Balmain, and the monthly clinic at Rockdale were supervised by the Director of Maternal and Baby Welfare.

The increasing attendances at the pre-natal clinics during 1941-42 and the early part of 1943 made a further appointment to the medical staff of the Division of Maternal and Baby Welfare necessary.

In May, 1943, an Assistant Medical Officer was appointed to conduct the medical services of the nine departmental prenatal clinics. Dr. N. P. Banks began her duties in June, 1943.

The appointment of an Assistant Medical Officer made possible the introduction of weekly supervision at all departmental clinics. The Balmain clinic was closed in 1943 because of the few attendances at that centre. The establishment of the King George V Hospital made the continuation of the Newtown Clinic unnecessary and it was closed in 1946.

A bi-weekly clinic became necessary at Manly in November, 1943, and at Hurstville in February, 1944.

The attendances at the clinics from 1941-46 were:

1941, 4,282; 1942, 3,434; 1943, 4,843; 1944, 7,542; 1945, 8,316; 1946, 10,352.

The decrease in 1942 is explained by the emergency war condition when Australia was threatened with invasion and many mothers and expectant mothers moved out from the metropolitan areas.

Scheme for the Reduction of Maternal Mortality.

The Special Medical Committee investigating Maternal Mortality in the metropolitan area includes the Director-General of Public Health, the Emeritus Professor and the Professor of Obstetrics at the University of Sydney, the senior Honorary Medical Officers of each of the two student teaching hospitals, a General Practitioner appointed by the N.S.W. Branch of the British Medical Association and the Director of Maternal and Baby Welfare; the latter is the medical secretary of the Committee.

The co-operation of the Medical Superintendents of the Metropolitan Obstetric Hospitals and medical practitioners in private practice has been greatly appreciated by the Committee. Questionnaires, which set out to furnish a detailed and accurate case history are sent to the public obstetric hospitals shortly after the occurrence of each maternal death. These questionnaires are also sent to the private practitioners and consultants concerned and thus a complete history of the case is obtained. In this way the Committee endeavours to assess accurately the avoidable factors, if any, and the responsibility for same in each material death and thus achieve the object of reducing maternal mortality.

Consultant Service.

Since the scheme came into operation in 1939 the services of Obstetric Consultants who have agreed to receive a reduced fee from the Department have been available for all patients who are unable to meet a specialist's fee. This service has relieved the relatives of the patient of unnecessary anxiety and the Medical Practitioner no longer hesitates to call a consultant when necessary. The reluctance of the medical practitioner to call a consultant because it may be feared that there is an implied criticism of lack of skill is also disappearing since the inauguration of this service. It is recognised by all concerned that successful obstetrics is based on the team work between the patient, her relatives, the nurse, the doctor, and the consultant, and that there is no reflection on the capacity or efficiency of the doctor in charge of the case when a consultant is called.

The consultant service is, however, not frequently used because fewer mothers are confined in their own home, and those in the obstetric hospitals are provided with a specialist service when necessary.

Metropolitan Blood Transfusion Service.

The decrease in maternal deaths from haemorrhage is chiefly due to the mobile blood transfusion service as it is considered that each transfusion given at the bedside of a patient is potentially a life saved.

This service is available to any medical practitioner at any hour of the day or night. The original unit was stationed at the Women's Hospital, Crown-street. During 1945 other units were established at Royal Prince Alfred Hospital, North Shore Hospital and the Royal Hospital for Women, Paddington.

A resident medical officer, and a trained nurse with specially devised equipment are available at each of the above hospitals and proceed to the patient's home or to the private hospital when called. The Department provides the equipment, cost of transport, and a small honorarium, but it is fully appreciative of the services rendered by the doctor and nurse, and by the hospitals in making their services available, a service which is a great contribution to the saving of mothers' lives and to the improvement of obstetric practice.

Originally blood donors were paid by the Department and were on call at all times, but this system has now been superseded by the provision of blood by the Red Cross Transfusion Service and the transporting of the blood with the medical officer and nurse to the mother.

In 1942 the Special Medical Committee, through a circular issued by the Department pointed out to medical practitioners the importance of early blood transfusion and that from the case histories of maternal deaths, it appeared that the administration of a blood transfusion in many cases would have prevented death.

Five Year Survey.

As 1944 marked the sixth year of operation of the Scheme for the Reduction of Maternal Mortality, the Committee decided to make a five year survey of its investigations. The survey, when complete, was presented at a meeting of the Section of Obstetrics and Gynaecology of the B.M.A., and was subsequently published in the Australian Medical Journal on 30th December, 1944. The interest in its findings was so widespread that a large number of reprints of the report in the A.M.J. were obtained by the Department for distribution.

Year.	Meetings of Committee.	Number of Consultants Called.	Number of Blood Transfusions.
1941	7	12	20
1942	7	10	13
1943	10	11	28
1944	12	12	30
1945	9	10	38
1946	7	6	26

Physiotherapy in Pregnancy and the Puerperium.

Under the supervision of qualified physiotherapists pre-natal and post-natal exercises are a routine at the Royal Hospital for Woman; and post-natal exercises are routine procedure at the Women's Hospital, Royal North Shore and King George V and Ryde District Hospital. Medical officers at the Departmental clinics have observed that mothers who have attended these hospitals have received considerable benefit from these exer-

cises. The post-natal examination reveals that the mothers who have had post-natal exercises less frequently develop gynae-cological abnormalities such as retroversion, cystocele, rectocele, and the like. Moreover, their abdominal muscles usually regain normal tone and correct posture is resumed.

At the Metropolitan Obstetric Hospitals where this procedure has been instituted, medical and nursing staff report that the mothers express their appreciation of the sense of well being which the exercises produce and of the regaining of their normal figure.

The New South Wales Branch of the Australian Physiotherapy Association has introduced a sound routine of training in this subject at the Royal Hospital for Women under Miss Nancy Love with special lectures by Emeritus Professor Windever.

The Departmental film, "Physiotherapy in Pregnancy and the Puerperium" continues to be used for the teaching of medical and physiotherapy students and for the training of nurses. Copies are used for training physiotherapy students in other States.

Control of Puerperal Infection.

To protect the mother from infection which might prove fatal, every effort is made by this Department to prevent the spread of puerperal sepsis. Control is effected by the administration of the Nurses Registration Act, 1924-1932. This Act requires nurses to notify any cases of puerperal pyrexia occurring in their practice. It prohibits their attendance on any other case while attending a patient with puerperal infection and it makes provision for the examination of their methods in the management of their cases. The Public Health Act 1902-1944, under which puerperal infection is a notifiable disease and the Private Hospitals Act, 1902, provide further legislation for the prevention and control of puerperal infection.

Puerperal infection is "any inflammatory condition of the genital tract and its adnexa" occurring in the puerperium. It includes septicaemia, sapraemia, parametritis, cervicitis, pelvic peritonitis and thrombophlebitis. These conditions may be caused by haemolytic streptococci and other virulent organisms. While the latter infections may be serious, even fatal, and are treated as infectious diseases, their infectivity is not as great as those cases due to the Group A haemolytic streptococci which may be conveyed from the nose and throat of anyone suffering from recent infection or even by healthy carriers.

A pamphlet has been prepared setting out the method of implementation of the legislation for the control of puerperal infection.

This has been widely distributed to hospitals and medical practitioners and copies are available at this Department, and are issued upon request.

The Regulations of the various Acts are designed to prevent the occurrence of puerperal sensis, particularly those for nurses relating to the wearing of masks, the management of the case, etc. Each case of infection occurring is investigated by bacteriological examination. Further action is determined by those results, the dual object being to protect midwifery patients from further possibility of infection and to avoid any delay or difficulty in nursing and medical supervision.

When a case of pyrexia of puerperal origin is notified, arrangements are made immediately for bacteriological examination. A medical certificate is required to exclude obvious sources of infection such as paronychia, etc., and in addition swabbings are taken from the nose and throat of the nurse in charge of the case and lochial swabbings (not cervical) of the mother are also examined.

It is gratifying to observe that in all metropolitan obstetric hospitals and in most private hospitals routine lochial swabbings are examined bacteriologically when the patient develops a pyrexia of 100.4 on the first occasion, thus simplifying all procedures if the patient develops a second rise of temperature, which is notifiable under the Nurses Registration Act, 1924-1932. Quick co-operation is achieved in the matter of swabbings and their results from the majority of country practitioners.

Under the Regulations of the Private Hospitals' Act the licensee of a private hospital is prevented from admitting any other obstetric case until the requirements concerning transfer of patient and fumigation are fulfilled.

Cases notified from 1941 to 1946:—

1941—131 cases of puerperal pyrexia were notified under the Nurses Registration Act of which sixty were due to puerperal infection and seventy-one to other causes.

1942—242 cases were notified to local authorities of which twenty-eight were from the country; of the 214 metropolitan cases, 133 were due to abortal sepsis and eighty-one to sepsis following a viable child.

106 cases of pyrexia were notified under the Nurses' Registration Act; of these thirty-eight were of purperal origin and eighteen were from private hospitals.

1943—224 cases were notified to local authorities of which ninety-five followed confinements of mothers where the period of gestation was later than twenty-eight weeks; the remainder were infectious following abortal sepsis.

Under the Nurses Registration Act midwifery nurses notified eighty-one cases of puerperal pyrexia; thirty-three from private hospitals, forty-three from public hospitals and five from home confinement. Of the eighty-one cases thirty-five were considered to be due to infection of puerperal origin.

1944—203 cases notified to local authorities of which 171 were in the city and thirty-two in the country. Of the 171 in the metropolitan area, 113 were abortal and fifty-eight followed labour; in the country two were abortal and thirty followed labour.

Sixty-six cases were notified under the Nurses Registration Act of these forty-six were of puerperal origin and eighteen occurred in private hospitals and two in home confinements.

1945—151 cases were notified to the local authorities. Of these, 102 were due to abortal sepsis (100 in the metropolitan area and two in the country) and fortynine followed confinement (twenty-five in the city and twenty-four in the country).

The distribution of these cases was:-

	Abortal Sepsis.	Following confinement.
Private hospitals	7	15
Public hospitals	95	34

Under the Nurses Registration Act, forty-three cases of pyrexia were notified (twenty-eight in the city and fifteen in the country).

The distribution of these cases was:-

Puer	peral origin	Non-puerperal
non-notifiable.		notifiable.
Private hospitals	11	3
Public hospitals	18	11

1946—185 cases were notified to the local authorities. Of these, 133 were due to abortal sepsis (131 in the metropolitan area and two in the country) and fifty-two following confinement (twenty-four in the city and 28 in the country).

The distribution of these cases was:-

	Abortal Sepsis.	Following confinement.
Private hospitals	3	17
Public hospitals	130	35

Under the Nurses Registration Act, thirty-four cases of pyrexia were notified (thirteen in the city and twenty-one in the country).

The distribution of these cases was:—

Pu	erperal origin	Non-puerperal
.əldshiton		non-notifiable.
Private hospitals		4
Public hospitals	15	7

Stillbirths.

Stillbirths have been registered compulsorily under the provisions of the Registration of Births, Deaths, and Marriages Act since 1934, and under the Nurses Registration Act, 1924-1932, midwifery nurses must notify stillbirth occurring in their practice, together with certain information concerning the labour and the period of gestation and the condition of the infant.

In 1942 a survey was begun of the current notification. Seven hundred and forty-eight notifications were received through the Nurses' Registration Board and it was found that 29 per cent. of the stillbirths were full time pregnancies with normal labours and vertex presentation; 64 per cent. were full time pregnancies with complicated labour and malpresentations.

Vital Statistics.

The live birth rate for Australia for 1946 was 23.62 per 1,000 of mean population: the New South Wales rate was 22.83. The number of births in Australia for 1946 was 176,379 and in New South Wales 67,247 and the still births in this State in 1946 numbered 1,547 which is 22.49 per 1,000 total births (live and still).

TABLE I. LIVE BIRTHS AND STILL BIRTHS.

Year.	Total Births.	Live Births.	Live Births Rate per 1,000 of population.	Still births.	Still births per cent. of Total.
	Метв	COPOLITAN AREA	(Statistical Metrop	polis).	
1935 1936 1937 1938 1939 1940 1941 1942 1943 1944 1945 1946	17,495 18,341 18,748 19,150 19,885 20,515 23,019 23,848 27,700 29,014 30,230 32,467	16,907 $17,759$ $18,158$ $18,559$ $19,223$ $19,942$ $22,366$ $23,220$ $26,989$ $28,318$ $29,501$ $31,769$	13·60 14·23 14·48 14·73 15·24 15·53 17·06 17·26 19·52 19·96 20·42 21·68	588 full 582 year. 590 591 562 573 653 628 711 696 729 698	3.35 3.17 3.15 3.09 2.83 2.79 2.83 2.63 2.57 2.4 2.41 2.15
		REMAINDE	er of State.		
1935 1936 1937 1938 1939 1940 1941 1942 1943 1944 1945 1946	28,582 29,271 30,201 29,642 29,478 30,209 30,174 30,210 31,030 32,109 32,972 36,327	27,769 28,434 29,339 28,760 28,680 29,440 29,363 29,427 30,276 31,294 32,161 35,478	19·80 20·02 20·35 19·66 19·34 19·70 19·71 19·81 20·53 21·32 21·83 23·97	813 full 737 year. 862 882 798 769 811 783 754 815 811 849	2·84 2·86 2·85 2·98 2·71 2·18 2·69 2·59 2·43 2·54 2·46 2·34
		New Sou	TH WALES.		
1935 1936 1937 1938 1939 1940 1941 1942 1943 1944 1945 1946	46,077 47,612 48,949 48,792 49,363 50,724 53,193 54,058 58,730 61,123 63,202 68,794	44,676 46,193 47,497 47,319 48,003 49,382 51,729 52,647 57,265 59,612 61,662 67,247	16·88 17·31 17·62 17·38 17·45 17·77 18·47 18·59 20·04 20·65 21·13 22·83	1,401 1,419 1,452 1,473 1,360 1,342 1,464 1,411 1,465 1,511 1,540 1,547	3.04 2.98 2.97 3.02 2.75 2.65 2.75 2.61 2.49 2.47 2.44 2.25

The loss of the mothers' lives per 1,000 live births is expressed as the maternal mortality rate. The rate for Australia in 1946 was 1.85, for New South Wales 1.65, this figure includes deaths from criminal abortion; exclusive of criminal abortion, the figure for Australia was 1.67 and for New South

Wales 1.49 in 1946. Table II (below) indicates figures including acute yellow atrophy. For New South Wales this is again the lowest maternal mortality rate recorded (exclusive of eriminal abortion) and shows a decline since 1935 when it was 5.15.

TABLE II. TOTAL MATERNAL MORTALITY RATES.

	1941.	1942.	1943.	1944.	1945.	1946.
New South Walcs— Including criminal abortion Excluding criminal abortion	4·04 3·42	3·97 3·27	3·42 2·95	$3.12 \\ 2.60$	2·25 1·97	1.65 1.49
Australia— Including criminal abortion Excluding criminal abortion	•••	3·59 2·96	3·33 2·81	2·85 2·45	2·15 1·89	1·85 1·67

To obtain any idea of the reasons for this reduction it is necessary to study the figures for the various causes of maternal deaths. These are indicated in the Table III and graph.

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TABLE III.

MATERNAL MORTALITY.

		1941.		1942.		1943.		1944.		1945.		1946.
Causes of Death.	No.	Rate per 1,000 Live Births.	No.	Rate per 1,000 Live Births.	No.	Rate per 1,000 Live Births.	No.	Rate per 1,000 Live Births.	No.	Rate per 1,000 Live Births.	No.	Rate per 1,000 Live Births.
		Metro	POLIT	ran Area (Statis	tical Metro	polis)					
Accidents of Pregnancy Puerperal Haemorrhage Puerperal Septicaemia Post Abortive Septicaemia	$\begin{vmatrix} 9\\9\\2 \end{vmatrix}$	·22 ·40 ·40 ·09	$\begin{vmatrix} 10 \\ 7 \\ 14 \\ 6 \end{vmatrix}$	·43 ·30 ·60 ·26	$\begin{bmatrix} 6\\7\\11\\8 \end{bmatrix}$	·22 ·26 ·41 ·30	$\begin{vmatrix} 4\\12\\7\\7\\7 \end{vmatrix}$	· ·14 ·42 ·25 ·25	$\begin{bmatrix} 7 \\ 6 \\ 4 \\ 3 \end{bmatrix}$	·24 ·20 ·14 ·10	$\left \begin{array}{c}4\\3\\1\\2\end{array}\right $	·13 ·09 ·03 ·06
Thrombophlebitis, Embolism, sudden death Albuminuria and Eclampsia Other Casualities of Childbirth	10 17 15	·45 ·76 ·67	10 10	·17 ·43 ·43	6 16 12	·22 ·60 ·44	9 25 10	·32 ·88 ·35	4 14 8	·14 ·47 ·27	$\begin{bmatrix} 3\\13\\7 \end{bmatrix}$	·09 ·41 ·22
Total Criminal Abortion	67 21	2·99 ·94	61 25	2·62 1·08	66	2·45 ·63	74 18	2·61 ·64	46 14	1·56 ·47	33 5	1·03 ·16
Grand Total	88	3.93	86	3.70	83	3.08	92	3.25	60	2.03	38	1.19
Accidents of Pregnancy Puerperal Haemorrhage Puerperal Septicaemia Post Abortive Septicaemia Thrombophlebitis, Embolism, sudder death Albuminuria and Eclampsia Other Casualties of Childbirth Total Criminal Abortion	$\begin{array}{c} 14 \\ 11 \\ 7 \\ 14 \\ 32 \\ 15 \\ \hline 100 \\ \end{array}$.54 .48 .37 .24 .48 1.12 .51 .3.74 .38	$ \begin{array}{c c} & 17 \\ & 17 \\ & 6 \\ & 10 \\ & 9 \\ & 35 \\ & 17 \\ \hline & 111 \\ & 12 \end{array} $	**************************************	0F S7 11 23 13 13 18 12 103 10	**************************************	$ \begin{array}{c c} 11 \\ 11 \\ 6 \\ 6 \end{array} $ $ \begin{array}{c c} 14 \\ 29 \\ 4 \end{array} $ $ \begin{array}{c c} 81 \\ 13 \end{array} $	$ \begin{array}{r} \cdot 35 \\ \cdot 35 \\ \cdot 19 \\ \cdot 19 \\ \cdot 45 \\ \cdot 93 \\ \cdot 13 \\ \hline 2 \cdot 59 \\ \cdot 41 \end{array} $	$ \begin{array}{c c} 14 \\ 11 \\ 3 \\ 3 \\ 9 \\ 25 \\ 11 \\ \hline 76 \\ 3 \end{array} $	$ \begin{array}{c c} $	$ \begin{array}{c c} 12 \\ 10 \\ 7 \\ \dots \\ 8 \\ 25 \\ 5 \\ \hline 67 \\ 6 \end{array} $	·34 ·28 ·20 ··· ·23 ·70 ·14
	[4.12	123	-	113	3.73	$-\frac{10}{94}$	2.94	79	2.46	$-\frac{3}{73}$	2.06
	Grand Total											
Accidents of Pregnancy Puerperal Haemorrhage Puerperal Septicaemia Post Abortive Septicaemia Thrombophlebitis, Embolism, sudder	$\begin{array}{c c} 23 \\ 20 \\ 9 \end{array}$	·44 ·39	27 24 20 16		$ \begin{array}{ c c c } & 17 \\ & 30 \\ & 24 \\ & 21 \\ \end{array} $	·30 ·52 ·42 ·37	15 23 13 13	·25 ·39 ·22 ·22	21 17 7 6	·34 ·27 ·11 ·10	16 13 8 2	·24 ·19 ·12 ·03
death	$\begin{array}{c c} 24 \\ 50 \end{array}$.97	$\begin{vmatrix} 13 \\ 45 \\ 27 \end{vmatrix}$.51	19 34 24	·33 ·59 ·42	23 54 14	·39 ·90 ·23	13 39 19	·21 ·63 ·31	11 38 12	·16 ·57 ·18
Total Criminal Abortion		3·42 ·62	172 37	3.27	169 27	2·95 ·47	155 31	2·60 ·52	122 17	1·97 ·28	100 11	1·49 ·16
Grand Total	. 209	4.04	209	3.97	196	3.42	186	3.12	139	2.25	111	1.65
The major causes of maternal	deat	hs are albi	ıminı	ıria and	this	cause is a	serie	ous problem	for	those atto	mnti	ng to bring

The major causes of maternal deaths are albuminuria and eclampsia, sepsis and haemorrhage. Deaths from sepsis after the birth of a viable child have shown a decrease since the introduction of the sulpha drugs and penicillin and this has been maintained. The Special Medical Committee investigating maternal mortality consider, as the result of their investigations, that bacteriological examination is not instituted sufficiently early in the majority of cases to ensure the exhibition of the most effective type of sulpha drug. The decrease in the mortality rate from this cause is certainly disappointing giving due consideration to the remarkable results which can be achieved by these new methods of chemotherapy.

The toxacmias, albuminuria and eclampsia, remain the largest group of causes of maternal deaths. Fulminating cases do occur but the major proportion of cases in this group could be prevented by careful pre-natal supervision and treatment. This means not only a high standard of medical care but the utmost co-operation from the mother and her relatives. Too frequently the mother fails to seek any pre-natal care and too frequently the relatives discourage her from rigidly following the advice given by the doctor. The loss of life from

this cause is a serious problem for those attempting to bring safety to maternity. Health education in the form of the booklet "Healthy Motherhood" and instruction to the increasing numbers attending the departmental clinics is assisting in some degree to make known to mothers their duty to themselves, their families and the nation in seeking pre-natal care. The metropolitan area figures support this claim that the departmental clinics are playing a part with their increasing attendances and propaganda value. In the remainder of the State the figure remains high.

Thrombophlebitis; embolism and sudden death are included in the deaths from puerperal infection in the International List of Causes of Death which came into use in Australia on 1st January, 1940. The incidence varies considerably and indicates no particular trend. Sepsis after abortion or miscarriage with no illegal qualification also is a variable figure.

Deaths from criminal abortion and their relation to maternal mortality and to deaths of all women in the child-bearing years are indicated in the graph and Table V.

TABLE IV.

MATERNAL MORTALITY.

Metropolitan Area, Remainder of State and Whole State.

Year.	Live Births.				rom Puerperal ng Criminal Ab		Maternal Mortality Rate per 1,000 Live Births (excluding Criminal Abortion).		
	Metropolitan Area.	Remainder of State.	State.	Metropolitan Area.	Remainder of State.	State.	Metropolitan Area.	Remainder of State.	State.
1935 1936 1937 1938 1939 1940 1941 1942 1943 1944 1945	16,907 17,759 18,158 18,559 19,323 19,942 22,336 23,220 26,989 28,318 29,501 31,769	27,769 28,434 29,339 28,760 28,680 29,440 29,363 29,427 30,276 31,294 32,161 35,478	44,676 46,193 47,497 47,319 48,003 29,382 51,729 52,647 57,265 59,612 61,662 67,247	74 103 83 72 59 59 67 61 66 74 46 33	156 133 115 109 103 116 110 111 103 81 76 67	230 236 198 181 162 175 177 172 169 155 122 100	4·38 5·80 4·57 3·88 3·05 2·96 2·99 2·62 2·45 2·61 1·56 1·03	5·62 4·68 3·92 3·79 3·59 3·94 3·74 3·77 3·40 2·59 2·36 1·89	5·15 5·11 4·17 3·82 3·38 3·54 3·42 3·27 2·95 2·60 1·97 1·49

Note.—Total Pucrperal Deaths on this page include Acute Yellow Atrophy of the liver from 1940 onwards.

Table V.

Criminal Abortion.

Metropolitan Area, Remainder of State and Whole State.

		Deaths from Cr.	iminal Abor	tion.	Total	Puerperal Deaths (including Cr	iminal Abortion).	
Year.		All Ages.	Ages	15-44 Years.	All	Ages.	Ages 15-44 Years.		
	Number. Proportion per cent. of Female Deaths at All Ages.		Number.	Number. Proportion per cent. of Female Deaths at Ages 15-44 Years.		Proportion per cent. of Female Deaths at All Ages.	Number.	Proportion per cent. of Female Deaths at Ages 15-44 Years.	
		Metro	OPOLITAN A	REA (Statistical Me	etropolis).				
1935 1936 1937 1938 1939 1940 1941 1942 1943	43 29 17 36 30 22 21 25 17 18	.74 $.50$ $.28$ $.57$ $.47$ $.35$ $.31$ $.35$ $.24$ $.26$	$\begin{array}{c c} 42 \\ 29 \\ 17 \\ 36 \\ 20 \\ 22 \\ 21 \\ 25 \\ 17 \\ 18 \\ \end{array}$	$\begin{array}{c} 4.93 \\ 3.34 \\ 2.04 \\ 4.13 \\ 3.75 \\ 3.17 \\ 2.83 \\ 3.56 \\ 2.45 \\ 2.45 \end{array}$	1117 132 100 108 89 81 88 86 83 92	$\begin{array}{c} 2.01 \\ 2.27 \\ 1.67 \\ 1.71 \\ 1.38 \\ 1.28 \\ 1.30 \\ 1.21 \\ 1.35 \\ 1.35 \\ \end{array}$	116 130 100 106 89 81 88 85 83 91	$\begin{array}{c} 13.62 \\ 14.96 \\ 12.12 \\ 12.16 \\ 11.14 \\ 11.59 \\ 11.84 \\ 12.11 \\ 11.98 \\ 12.38 \\ \end{array}$	
1945	14	•20	13	1.97	60	·87	59	8.95	
1946	5	.07	5	•78	38	∙53	37	5.80	
				MAINDER OF STATI					
1935 1936 1937 1938 1939 1940 1941 1942 1943 1944 1945	9 27 18 14 8 12 11 12 10 13 3 6	$\begin{array}{c} \cdot 19 \\ \cdot 55 \\ \cdot 37 \\ \cdot 28 \\ \cdot 15 \\ \cdot 24 \\ \cdot 21 \\ \cdot 21 \\ \cdot 18 \\ \cdot 24 \\ \cdot 06 \\ 1 \cdot 10 \\ \end{array}$	9 27 18 14 8 12 11 12 10 13 3 6	1.07 3.26 2.41 1.87 1.14 1.85 1.57 1.67 1.41 2.11 .49 1.10	165 160 133 123 111 128 121 123 113 94 79 73	$3 \cdot 41$ $3 \cdot 24$ $2 \cdot 72$ $2 \cdot 44$ $2 \cdot 11$ $2 \cdot 58$ $2 \cdot 27$ $2 \cdot 18$ $1 \cdot 98$ $1 \cdot 76$ $1 \cdot 49$ $1 \cdot 34$	164 158 133 122 110 127 119 122 112 94 78 73	19.55 19.08 17.78 16.31 15.62 19.63 17.00 17.06 15.82 15.28 12.81 13.39	
1935	52	•49	51	$3 \cdot 02$	282	$2 \cdot 65$	280	16.56	
1936 1937 1938 1939 1940 1941 1942 1943 1944 1945	56 35 50 38 34 32 37 27 31 17	·52 ·32 ·44 ·32 ·30 ·26 ·29 ·21 ·25 ·14 ·09	56 35 50 38 34 32 37 27 27 31 16	3·30 2·22 3·09 2·53 2·54 2·22 2·60 1·93 2·30 1·26 ·93	292 233 231 200 209 209 209 196 186 139 111	2.71 2.14 2.03 1.71 1.86 1.78 1.64 1.52 1.53 1.14 $.89$	288 233 228 199 208 207 208 195 185 137 110	16.97 14.75 14.07 13.24 15.52 14.35 14.63 13.92 13.70 10.80 9.30	

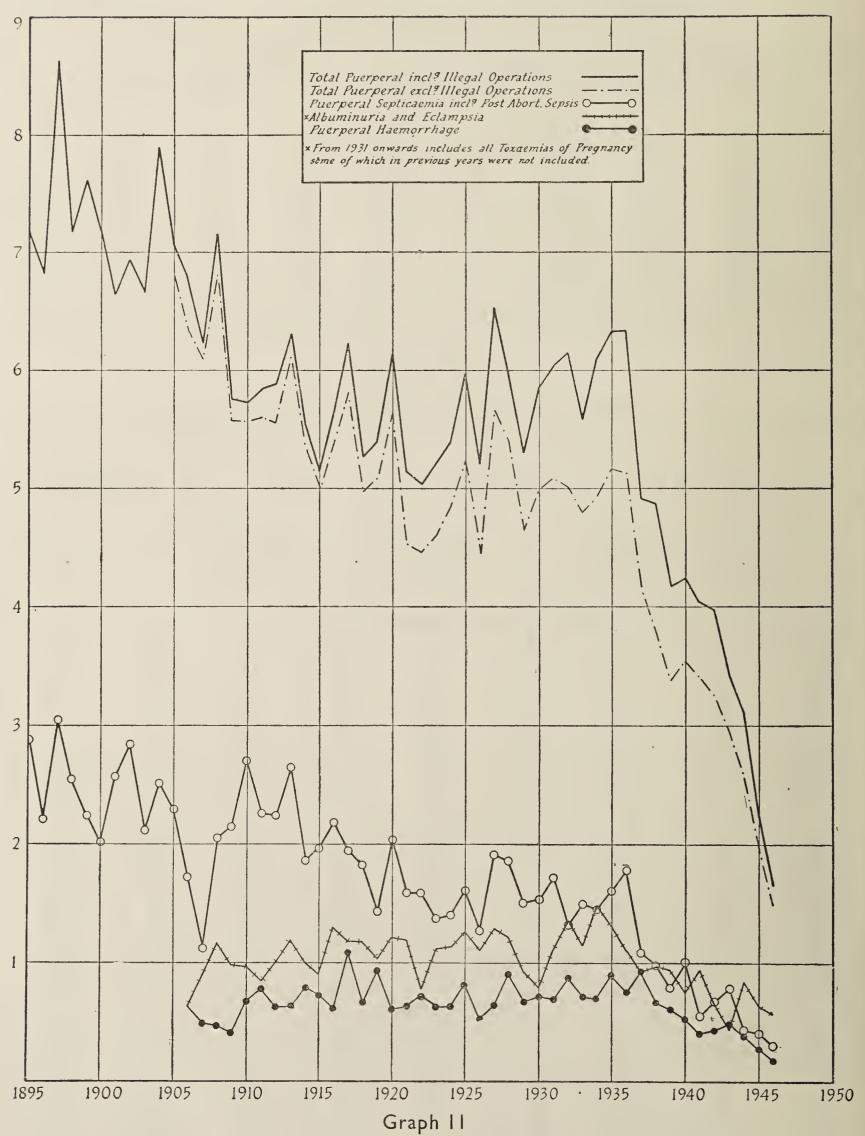
Note.—Total Puerperal Deaths on this page include Acute Yellow Atrophy of the liver from 1940 onwards.

The number and rate of deaths from criminal abortion per 1,000 live births have been greatly reduced since the introduction of the sulpha drugs and penicillin drugs in 1937 from

1.06 in 1938, to .16 in 1946. The problem of the reduction of these deaths is a complicated one implying medical, social economic and moral issues.

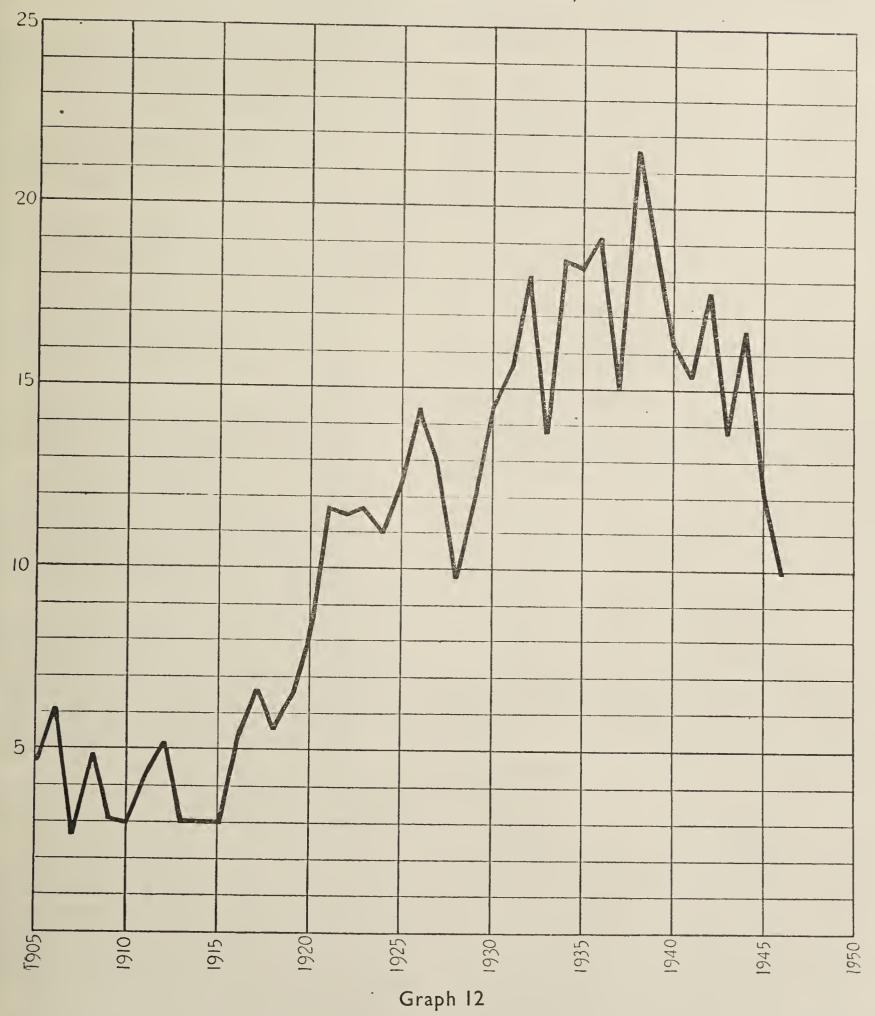
DEATHS DUE TO PUERPERAL CONDITION, NEW SOUTH WALES

Death Rates from Certain Causes per 1,000 Live Births for the Years 1895-1946



CRIMINAL ABORTIONS

Proportion per cent. of Total Maternal Mortality, 1905-1946



PART II.

INFANT WELFARE.

Baby Health Centres.

The period covered in the report 1941 to 1946 inclusive, being mainly war years, were extremely difficult ones for handling the volume of work in the baby health centres.

In spite of war-time restrictions and difficulties there was an increase in the number of centres opened, and particularly in the number of attendances at all centres.

The period is remarkable for two developments: (1) the interest of local government authorities in the development of baby health centres; (2) the new financial policy of the Government in assisting baby health centre development and extension.

During 1942, local government authorities displayed a keen interest in the establishment of, and improvement of, baby health centres in their districts. Personal contact with individual aldermen and officials as well as considerable correspondence concerning the standards and control of baby health centres culminated in the preparation of lists and schedules setting forth the standard requirements of baby health centres, the equipment and maintenance and condition of premises, the local responsibility, if any, and other relative data. The standard requirements for baby health centres have been determined as follows:—

Standards for Premises for Baby Health Centres in Country and Metropolitan Districts.

Premises should provide for:--

- 1. Waiting mothers with babies and toddlers.
- 2. Mothers consulting with the nurses.
- 3. Mothers who are having test feeding.
- 4. Nursing staff for sterilizing equipment, heating water, etc.
- 5. Nursing staff for changing uniforms, meals, shower rooms, etc.

Provision should be made for parking perambulators and for a space where toddlers can play. Suitable arrangements for heating, lighting, ventilation and sanitation are necessary; this should include separate lavatories for mothers and nursing staff.

The accommodation required is as set out hereunder.

Metropolitan Areas and Country Districts.

A Daily Service.

R

Rooms.	$Approximate\ Size.$
1 waiting room	14 x 16
2 consulting rooms	14 x 12
1 test feeding room	
1 nurses' room	
Kitchenette	
*1 Doctor's room	12 x 12

*(The doctor's consulting room for paediatric and pre-natal supervision should be provided only in a large district in the metropolitan area where a pre-natal clinic is required and after consultation with the department).

3 to 4 Days per Week Service.

cooms.	$Approximate\ Size.$
1 waiting room	. 14 x 16
1 consulting room	. 14 x 12
1 test feeding room	
1 nurses' room	. 10 x 10
Kitchenette	. 6 x 8

A survey showed that the condition of the majority of existing premises needed improvement. Of the fifty-nine metropolitan baby health centres only 30 per cent. of the premises were good, 22 per cent. fair and 48 per cent. poor. Of the 150 centres in the remainder of the State excluding Newcastle and district, 14 per cent. of the premises were good, 42 per cent. fair and 44 per cent. poor.

Standard requirements for premises and equipment, indicating the size and number of rooms according to whether the service provided by the centre was full- or part-time were adopted early in 1943 by the Department of Public Health following persistent inquiries from local government authorities in 1942 as to the requirements for baby health centres.

The Concord Municipal Council in 1943 built the first Baby Health Centre to these requirements, entirely at its own expense, and handed it over to the Department of Public Health, thus making history in the Infant Welfarc Movement of this State.

In the same year Strathfield Municipal Council received from the Department of War Organization of Industry, permission to build, but Marrickville Council was refused because of the existence of a centre in the district. In addition, 28 local councils in the metropolitan area negotiated with the Department during 1943 concerning the erection of new premises or the improvement of existing ones.

Strathfield's centre was opened in 1944, a modern Baby Health Centre built to a special design to fulfil all the requirements. The Strathfield Council provided the site, the building, furniture and equipment without any Government assistance and handed it over to the Department.

The active interest of Local Government was demonstrated by the innumerable invitations received by the Director to address meetings of councils and in addition the Metropolitan Executive of the Local Government Association invited her to address it on two occasions in 1942 as to the manner in which Local Government could assist in the development of the Baby Health Centre work.

New Financial Policy.—The decision of the Government in 1944 to give generous financial assistance in the establishment of new Baby Health Centre premises gave a tremendous impetus to the development of this most important field of maternal and baby welfare.

The policy provided that, where in future any local organisation of approved status is prepared to co-operate in the establishment of a Baby Health Centre for use either in substitution of existing unsatisfactory premises or as a fresh or additional Centre—

- (a) The Government makes a grant of 50 per cent. of the capital cost of building and equipping the Centre (exclusive of the cost of the site) and, if required, advances up to a further 25 per cent. of these costs, subject to repayment of the loan by equated payments of principal and interest over a period of ten years.
- (b) If it is not possible to erect a new building but it is possible to purchase or rent suitable premises, the Government contributes 50 per cent. of the cost of the building exclusive of the site, or alternatively, 25 per cent. of the rent payable.
- (c) In addition to any other commitments involved in (a) or (b) above, the local organisation will be required to maintain the premises in good order and repair and be responsible for all maintenance upkeep such as cleaning, light and fuel, telephone charges, replacements of equipment and like services and undertake to make the premises available at all times to the Department of Public Health for use as a baby health centre free of rent.
- (d) The Government intends to provide also, free of cost, the necessary staff for the centre and be responsible for any travelling and sustenance expenses of the members of such staff in accordance with the Public Service Regulations.
- (e) The arrangement will also be subject in all cases to the local organisation obtaining the approval of this Department as to location, plans and equipment of the centre, and to the organisation further undertaking not to interfere in any way with the conduct of the activities of the centre.

If application for Government assistance is made, it is necessary for the council or committee to complete a resolution under which such grant is accepted.

The procedure when site is approved is as follows:—

After preliminary discussion with the Director of Maternal and Baby Welfare, duplicate copies of proposed plans (together with specification in the case of an associated service) are required. One copy is held by the Department and one returned to the local organisation. Names and addresses of tenderers are required with estimates and if the lowest tender is not accepted, an explanatory statement must be attached. Building operations cannot be commenced until a copy of the endorsed plan is held by the local organisation and approval has been received for the tender accepted. The procedure in the purchase of equipment is as follows:—

Official standard lists of equipment are used as a basis of discussion and planning and all purchases of equipment are made through ordinary commercial channels.

Payment of 50 per cent. of the costs are made on production of all receipts for all articles on an approved list of proposed purchases which has been previously submitted.

While observing the standard requirements for adequate and proper relationships of rooms for the most efficient working conditions, external appearance of general design have varied widely. The combination of domestic and institutional architecture has been the objective.

BABY HEALTH CENTRES.

Year.	Number of Centres.	City.	Newcastle.	Country.	New Buildings.	Closed.	Re-opened.
1941 1942 1943 1944 1945 1946	224 230 239 247 249 252	59 62 65 66 67	21 22 23 10* 10*	150 155 159 173 175	 4 11	2 2 1 3 	2

* Includes City of Greater Newcastle only.

STAFF.

Year.	$egin{array}{c} \mathbf{Nurse} \ \mathbf{Inspectors.} \end{array}$	Number of Nurses.	Seniors.	Juniors.	On Active Service.	Number of Relieving Nurses included in General Total.
1941 1942 1943 1944	2 2 3 3	186 195 197 208	108 111 113 126	78 84 84 82	24 26 22 21	17 18 18 18
1945 1946	3	$\begin{array}{c} 208 \\ 240 \end{array}$	$\begin{array}{c c} 126 \\ 132 \end{array}$	82 108	21	18 21

ATTENDANCES.

Year.	Total.	Individual Attendance.
1941	967,015	82,246
1942	982,558	90,946
1943	1,051,593	93,977
1944	1,201,815	103,589
1945	1,246,135	123,364
1946	1,176,854	110,116

Survey re Attendances.—In 1941 a survey was made to discover how many mothers attend a baby health centre before they were visited by the baby health centre sisters. The survey was made on 1939 figures and provided the following results:—

Total birth registrations in N.S.W. were 51,729. The number of registrations obtained by the baby health centres was 39,616 of which 25,373 infants or 63.4 per cent. received attention at the baby health centre. The number of mothers who attended the centre before the nurse visited their homes was 15,494 or 61 per cent. compared with 9,878 or 38.9 per cent. who only attended after the nurse's visit. Of the total registrations obtained 15.2 per cent. or 6,058 were not visited.

Sustenance.—During 1943 the Department of Public Health assumed responsibility for the payment of sustenance to all nurses while away from their headquarters in the country. Previously this has been a cost against the local committee responsible for the maintenance of the premises.

Staff Lectures.—Routine staff lectures are given each year at least once a quarter.

Departmental Booklets.—The Departmental free booklet, "Healthy Motherhood," of which 50,000 are printed annually, continues to be a most valuable publication and is used by all the metropolitan obstetric hospitals, the majority of obstetric specialists and general practitioners.

Its chief aim is to raise the standard of pre-natal care by encouraging the mother to co-operate with her doctor, hospital or clinic by following implicitly the instructions given, by attending regularly, and by paying particular attention to diet during pregnancy.

The pamphlet "Your Baby and You," was prepared in collaboration with the Rationing Commission and is issued in all cases with pre-natal coupons.

In addition to this valuable instruction in pre-natal care, "Our Babies," another free booklet from the Department of which 25,000 are printed annually, has been substantially improved, particularly in relation to the diet chart for infants and pre-school children.

When emergency conditions occur, special pamphlets are produced by the Department for the information of mothers. When oranges were withdrawn from the civilian market in 1944 and a serious outbreak of scurvy threatened, 50,000 pamphlets on the subjects were distributed. The propaganda was most effective and the number of cases were reduced to a minimum in a very short period. During the milk strike in 1944, 14,000 pamphlets were issued in the metropolitan area to assist mothers in the rapid change over from cow's milk to dried milk in the feeding of babies.

Country Women's Association.—The Director expresses her appreciation of the valuable support given by the Country Women's Association to the baby health centres, especially since the inception of the 1944 policy under which the local authority (very frequently the Country Women's Association in country areas) provides the site for the centre and 50 per cent. of the cost of erection and equipment, and maintains the centre when established. Nursing service is provided completely by this Department.

This policy has called for considerable expenditure of funds by country branches, and the willingness with which such financial responsibility has been undertaken by the association, has done a tremendous amount towards furthering the baby health centre service throughout the State.

Tribute to Nurse Inspectors and Nursing Staff.—The Director pays tribute to the loyal and co-operative manner in which the nurse inspectors have assisted in meeting the complicated situations which have arisen during the difficult period under review.

Their work has entailed considerable laborious and detailed recording and it is due to the co-ordination between the staff at Headquarters and baby health centre sisters in the field that the service has been maintained throughout the State despite the shortage of nursing personnel.

Pre-School Child.

The general interest of the community in recent years has been awakened to the needs of the pre-school child and there has been a marked demand from all sections of the community for increased facilities for this age group.

The baby health centres have always encouraged mothers to bring their toddlers and pre-school children to the centres for interval supervision since the years from 0 to 5 are those in which the foundation is laid for the child's future health. These are the "vulnerable" years, the most formative period and the one of most rapid growth.

The baby health centres give the parent of pre-school children instruction in simple dietetics and elementary hygiene as well as checking the weight and physical development of the child.

The steady increase in the attendance of the pre-school group indicates that mothers are aware of the need for and advantage to their young children in receiving this supervision.

ATTENDANCES.

Year.	Over 1 and under 3 years.	Over 3 years.	Total.
1941	46,579	44,069	$\begin{array}{c} 90,648 \\ 233,857 \\ 248,253 \\ 266,602 \\ 291,435 \\ 257,619 \end{array}$
1942	192,768	41,089	
1943	204,390	43,863	
1944	(not available)	(not available)	
1945	233,711	57,724	
1946	203,485	54,134	

The Director continued as Chairman, of the Pre-school Child Committee of the Child Welfare Advisory Council, a statutory body under the Child Welfare Act 1939. The council published a report in 1944 on the pre-school child problems in this State. This publication has proved of great usefulness in all official and technical matters concerned with the pre-school child.

During 1942, baby health centre nurses attended a special course of lectures on the care of pre-school children arranged by the Kindergarten Union and the Day Nursery and Nursery Schools' Association as a supplementary training if the war situation, then extremely grave, made it necessary for children with nurses to be evacuated to remote areas.

VITAL STATISTICS.

The infant mortality rates for the years 1941 to 1946 have been as follows:—

	per 1,000 live births
1941	43.77
1942	40.77
1943	36.68
1944	30.68
1945	30.63
1946	30.22

The rates decreased to thirty-nine per 1,000 live births for the first time in 1933 and again in 1935, then rose to fortythree in 1936 and again in 1941; since when the decrease has been sustained and for the last three years the record low infantile mortality rate has been reached in this State. Two comparative tables and graphs are set out indicating the factors which influence these rates.

Table VIII—Causes of Death of Children under one year—Rate per 1,000 Live Births in New South Wales.

	Class 1.	Classes 2, 3, 4 and 5.	Class 6.	Class 7.	Class 8.	Class 9.	Class 10.	Classes 12 and 13.	Classes 14 and 15.	Class 17.	Class 18.	
Year.	Parasitic and infectious discases.	General disease, diseases of the blood and chronic poisonings.	Diseases of the nervous system.	Diseases of the circulatory system.	Diseases of the respiratory system.	Diseases of the digestive system— diarrhoca and enteritis.	Diseases of the genito- urinary system.	Discases of the skin, cellular tissue and bones.	Malformation and disease peculiar to to early infancy.	Violent or accidental deaths.	Causes of death not determined.	Total all diseases.
1931 1932 1933 1934 1935 1936 1937 1938 1939 1940 1941 1942 1943 1944 1945	4·48 2·65 1·88 5·17 2·60 3·10 2·51 2·58 1·98 2·03 2·69 2·18 2·22 1·19 1·45 1·40	*84 •27 •50 •60 •36 •58 •51 •66 •35 •51 •64 •59 •49 •40 •47 •30	-54 -89 -77 1-06 -80 1-00 -67 -99 -96 1-05 -87 1-06 1-10 -64 -81 -57	.02 .02 .07 .11 .02 .02 .06 .08 .08 .13 .13 .12 .07 	4·95 4·52 4·91 5·95 4·39 5·52 4·27 4·92 4·25 4·74 4·45 5·68 4·08 3·24 3·21 3·35	5.07 3.57 2.85 3.30 2.48 3.01 2.97 3.19 3.81 3.40 3.50 3.29 2.39 1.58 1.59 1.23	·21 ·13 ·16 ·14 ·27 ·43 ·15 ·21 ·13 ·16 ·25 ·17 ·24 ·07 ·05 ·06	·34 ·31 ·30 ·26 ·25 ·15 ·25 ·19 ·21 ·18 ·13 ·04 ·10 ·12 ·11 ·07	26·51 27·55 26·97 29·03 27·40 28·88 28·38 27·92 27·27 26·02 30·37 26·27 24·42 22·49 22·20 22·25	.48 1.07 .97 .69 .69 .71 .94 1.12 1.96 .83 .68 .76 .84 .74 .69	·04 ·02 ·09 ·09 ·07 ··· ·02 ·02 ·06 ·02 ·18 ·14 ·05 ·13	43·48 40·98 39·35 46·36 39·44 43·47 40·68 41·84 41·02 39·02 43·77 40·19 36·18 30·68 30·63 30·22

In the comparative Table VIII the figures since 1931 show the rates in groups of causes of deaths of children under one year per 1,000 live births.

The group indicating class 14 and 15 malformation and diseases peculiar to early infancy for the ten-year period 1931-1940, show the highest rate. The rate is 27.58. In 1941, 30.37 was the highest rate in the group for the period shown, the lowest being 22.20 in 1945. The lowest recorded rate of 22 for the State being reached and sustained in 1944. A

sustained decrease has been shown for the first time in the last four years. Prior to that the lowest rate of 26 had been reached on a number of occasions.

Respiratory disease is the group which next draws attention being the second greatest cause of deaths of infants under one year. Here again the last three years are noteworthy for the sustained decrease and the lowest rate at 3.2 on record; the rate for 1941 to 1946 being highest in 1942 at 5.68 and lowest in 1945 at 3.21.

Table IX—New South Wales—Infantile Mortality According to Age.

(* Indicates "not recorded".)

Rate of Mortality per 1,000 live births among Children.

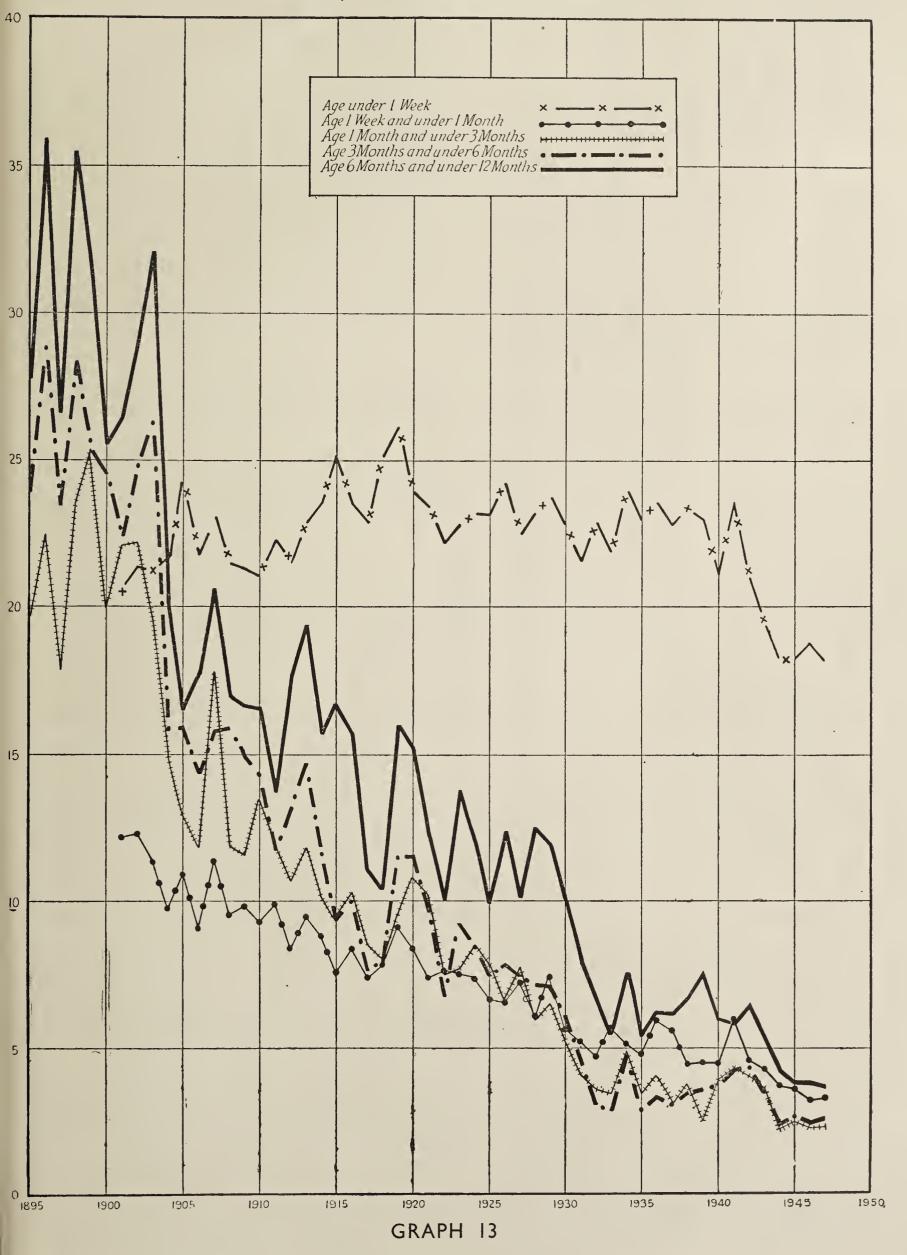
Year.	Under 1 week.	1 week and under 1 month.	Total under 1 month.	1 month and under 3 months.	Total under 3 months.	3 months and under 6 months.	6 months and under 12 months.	Total under 1 year.
1931 1932 1933 1934 1935	$\begin{array}{c} 21.58 \\ 22.94 \\ 21.90 \\ 24.02 \\ 22.99 \end{array}$	5·22 4·72 5·70 5·12 4·77	$\begin{array}{c} 26.80 \\ 27.66 \\ 27.60 \\ 29.14 \\ 27.76 \end{array}$	4.11 3.58 3.42 4.94 3.44	$ \begin{array}{r} 30.91 \\ 31.24 \\ 31.02 \\ 34.08 \\ 31.20 \end{array} $	$\begin{array}{c} 4.61 \\ 3.07 \\ 2.88 \\ 4.76 \\ 2.87 \end{array}$	8·00 6·75 5·45 7·52 5·37	43·52 41·06 39·35 46·36 39·44
1936 1937 1938 1939 1940	23.42	5.93 5.58 4.48 4.48 4.46	29·57 28·38 27·90 27·44 25·58	4.07 3.10 3.80 2.48 3.85	33·64 31·48 31·70 29·92 29·43	3.66 3.05 3.46 3.56 3.62	6·17 6·15 6·68 7·54 5·97	43.47 40.68 41.84 41.02 39.02
1941 1942 1943 1944 1945	20·97 19·61	5·97 4·52 4·23 3·66 3·52	$\begin{array}{c} 29.52 \\ 25.49 \\ 23.84 \\ 21.95 \\ 21.80 \end{array}$	$egin{array}{c} 4 \cdot 23 \ 3 \cdot 97 \ 3 \cdot 56 \ 2 \cdot 16 \ 2 \cdot 43 \ \end{array}$	33.75 29.46 27.40 24.12 24.23	$\begin{array}{c} 4.18 \\ 4.27 \\ 3.42 \\ 2.38 \\ 2.61 \end{array}$	5·84 6·46 5·36 4·18 3·79	43.77 40.19 36.18 30.68 30.63
1946	18.82	3.14	21.96	2.19	24.15	2.37	3.70	30.22

In the comparative Table IX the loss of infant life at different age groups is shown. The greatest loss is seen to be in the first week when the rate is very high being 18.82

compared with 3.14 in the next three weeks of life and 8.26 in the remainder of the twelve months. The total being 30.22 in 1946.

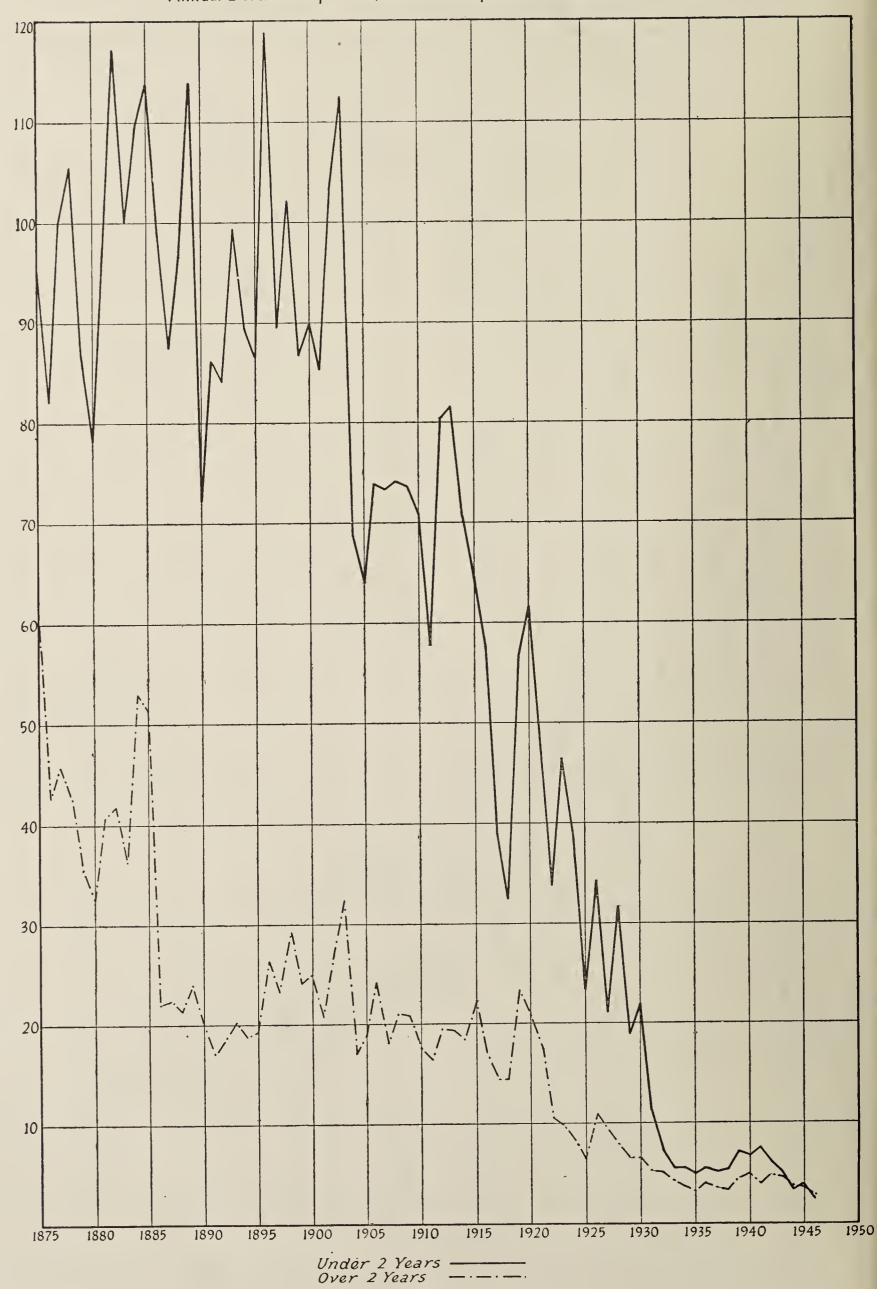
Infantile Mortality, New South Wales., Rates in Age Groups under 1 Year, 1895–1946

Vertical scale represents the number of deaths for 1,000 live births



DIARRHOEA AND ENTERITIS

Annual Death Rate per 100,000 of the Population in N.S.W., 1875-1946



Graph 14

Report on the Medical Supervision of Kindergartens and Day Nurseries and Nursery Schools.

Medical supervision of these institutions was not commenced until the end of 1945, and the following reports are in respect of the year 1946.

Kindergartens: Twenty-two kindergartens were visited regularly throughout 1946. One of these, Samuel Cohen, was only for physically handicapped children and has not been included in the disability schedule.

Two hundred and fifty visits were paid and 1,247 children were examined. The aim is to examine each child every six months, this was not possible during this year as there were many more first examinations to be made than there will be in future years as there had been no regular medical supervision previously. Four hundred and fifty of the children, however, were examined a second time. Parents are interviewed at the first examination. Some are working mothers who cannot attend but 1,192 mothers were interviewed.

The general standard of health was found to be good throughout as is shown by the fact that 677 children's nutrition was classified as "Good," 494 as "Fair" and only 78 as "Bad."

Diphtheria Immunization: The vast majority of children have been immunized against diphtheria. Only 140 of those examined had not been done and the majority of those have subsequently been immunized.

Dental Caries: The problem of dental caries is one that is crying out to be solved. No child attending a kindergarten should have dental caries present, but of those examined 362 had very obvious caries and no doubt a dentist would find many more with small holes that were not included in this total.

Tonsils: Tonsils were classified as diseased, only if their appearance suggested it plus another confirming factor such as chronic bronchitis, recurrent colds or the presence of enlarged glands in the neck. One hundred and ninety-eight children were thus classified as having diseased tonsils and 203 had cervical adenitis.

Knock Knees and Flat Feet: Knock knees and flat feet were very prevalent. Only those children having over 1 inch of separation between the ankles when their knees were knocking were counted as being knock-kneed; there were 213 of these. Three hundred and sixty children had flat feet but the majority of these were in the two to three year old group and on reexamination most of them were seen to be improved.

Posture: Posture on the other hand almost invariably becomes worse as the children grow. Only the bad degrees of poor posture were counted and there were seventy-nine of these. All of these require remedial exercises to correct them and it would be a very good thing if a part-time physiotherapist could visit the kindergartens regularly to give these children the exercises they need.

Nutrition: Eighteen of the kindergartens provide a cooked dinner in the middle of the day. The meal consists of two courses, the first comprises of a meat, cheese or egg dish, plus a green vegetable, root vegetable and potatoes. This is followed by a milk pudding and stewed or raw fruits. Each child gets half a pint of milk a day and a piece of fruit or orange juice with a rusk. During the winter Potantol (a vitamin preparation) is given to each child.

Education Programme: As most of the kindergartens only take children up till five years old their programme is purely a kindergarten one and they spend their time doing such things as painting, clay modelling, dough modelling, potato printing, lino-printing, finger painting, etc.

Hygiene Training: There is an inspection of each child as he arrives in the morning. This is carried out by the director at each kindergarten. She looks at each child's throat and makes sure there is no rash present on the body. She inquires of the mother as to how many hours' sleep the child had the previous night and whether he has had his bowels open that morning.

A schedule showing physical deficiencies in the children examined and other particulars is appended.

205 had cervical	auen	1018.										exai	піпе	a ai	ia ot	ner	part	icur	ers is appended.		
Kindergarten.	1st Examination	Parents.	Subsequent Examination.	Dental Caries.	Not immunized.	Good	Fair Nutri.	Bad J Glon.	Diseased Tonsils.	Cervical Adenitis.	Knock Knees.	Flat Feet.	Bad Posture.	Squint.	Undescended Testes.	Phimosis.	Bronchitis.	Herniae.	Other Conditions.	Sessions.	Total Enrolment.
Blue Bird	63	58	14	15	14	34	26	3	8	9	14	31	4	2			4		2 Otitis Media, 1 Deaf,	13	65
Cheltenham Globe Ellen Desallly	37 68 110	36 61 112	10 15 35	4 5 55	4 1 20	26 37 58	9 25 48	2 6 4	2 8 20	3 6 24	6 17 23	7 22 42	1 3 6	1 	2 5	 3	2 1 	 1 	1 Muscular Dystrophy. 1 Eczema, 1 Antritis 1 Eczema 1 Rheumatic Carditis, 1 Hydrocele, 1 Pituitary	8 12 20	37 60 80
Frances Newton Harold Wheen Killara	52 66 50	52 68 48	$\begin{bmatrix} 21\\28\\7 \end{bmatrix}$	17 26 6	9 13 1	24 28 35	22 27 12	6 11 3	4 10 5	3 7 5	3 7 11	4 24 14	 4 1	1 1 	$\begin{bmatrix} 2\\2\\1 \end{bmatrix}$	3	•••		Deficiency. 1 Hare Lip 1 Blepharitis, 1 Dermatitis 1 Congenital Heart, 1 Rickets.		50 56 57
Lance Leichhardt	50 47	49 33	18 18	14 19	4 4	26 17	23 25	1 5	11 7	9 8	16 12	14 12	1 5				2	2	1 Icthyosis	10 9	50 40
Little Citizens Newtown Parramatta	66 74 77	60 74 74	30 33 24	17 27 20	10 14 10	30 40 50	33 32 24	3 2 3	11 19 19	12 22 20	12 4 10	22 28 19	2 4 10	1 1 	 ï	 2 	1 1	1 1 4	1 Styc, 1 Poliomyelitis. 1 Anaemia, 1 Hammertocs 1 Glandular Deficiency 1 Talipes, 1 Mentally back- ward.	14	55 60 60
Peter Pan Phoenix Surry Hills	65 57 51	64 55 56	44 25 17	18 25 11	23 10 6	36 27 26	24 27 23	5 3 2	9 10 11	10 10 7	9 3 17	11 6 22	7 4	2	2 1 	3 3	2 2	 1	1 Taenia, 1 Hammer toes 1 Chronic Otitis Media, 1 Eczema	15 12 12	60 35 45
Sunbeam Waverley	54 54	48 42	20 26	19 9	8 3	24 40	27 10	3 4	17 5	13 8	10 3	18 3	44	1 2	$\frac{1}{2}$	3	4 2		3 Deaf Mutcs, 1 Mentally retarded, 1 Thyroid Deficiency.	13 14	50 45
Crusader Croydon East Chatswood	50 70 47	49 72 42	15 31 15	14 15 10	4 3 1	28 39 31	19 27 15	3 4 1	12 3 3	12 7 3	7 17 7	17 27 9	4 9 2	 1 	1 	 1	1	1 1	1 Rheumatic Carditis	15	50 58 50
Petersham	39	39	4	16		21	14	4	4	5	5	8	4	3	1		2	1	Tonowing Scarlet Fever.	8	35
Totals	1,247	1,192	450	362	162	677	492	78	198	203	213	360	79	16	21	18	24	13		250	1,098

DAY NURSERIES AND NURSERY SCHOOLS.

Eleven of the Sydney day nursery and nursery schools have been supervised by medical officers from the department. The work has been divided between Dr. Mary Bertram and Dr. Puleston-Jones. The first visits were paid during the last week in July and since then each day nursery and nursery school has been visited at regular intervals, the aim being to visit those with babies under two years once a fortnight and those with children between the ages of 2 and 5 years once a month.

From July until the end of December, seventy-one visits were paid by the medical officers and 537 children were examined. Most of the mothers of the children who attend the day nurseries are working and so it is difficult for them to come up to be interviewed, but 165 were seen.

Nutrition: The general standard of nutrition amongst their children is not good as will be seen from the fact that only

254 of the children could be classified as "Good," 209 as "Fair," and 74 as "Bad." Many of them show obvious signs of neglect and under nourishment. It is however, gratifying to note that those who have been attending the day nurseries for a long time are better nourished than the more recent arrivals.

All children and babies are given clinic emulsion daily. The toddlers and older children get one teaspoonful once a day. Each child receives half a pint of milk daily. Some children are given breakfast on arrival, but this is only given in cases where the matron knows that the child has not been given a proper breakfast at home. All children get a midday meal at the nursery. This consists of a meat, cheese or egg dish and two vegetables, followed by a milk pudding and stewed or raw fruit. They have milk for their afternoon tea.

A general comment on the physical deficiencies noted in the children examined, and other particulars is appended.

DAY NURSERY OR NURSERY SCHOOLS.

Day Nursery or Nursery School.	No. of Babies under 2 years.	No. of Children 2-6 years.	1st Examination.	Parents.	Subsequent Examination.	Dental Caries.	Not immunized.	Good.	Fair. Nutr-	Bad.	Diseased Tonsils.	Cervieal Adinitis.	Knock Knees.	Flat Feet.	Bad Posture.	Squint.	Undescended Testes.	Phemosis.	Herniæ.	Bronehitis.		Sessions.
Surry Hills Paddington Waverley Marrickville Forest Lodge Woolloomooloo	21 25 25 25	65 60 79 50 55 90	52 59 10 49 53 72	36 35 11 47 1	1	4 8 .:7 8 5	6 7	23 29 4 29 32 27	24 24 3 16 18 29	5 6 3 4 3 16	9 11 10 14 14	11 11 8 9 4	9 7 7 14 8	21 16 10 19 6	 2 6 3 13	3	1 1 5	10 2 1 4 2	2 1 1 	3 5 : 3 21 3	1 Fecding Case 1 Hammertoes, 1 Rickets 1 Malnutrition 1 Congenital Heart. 2 Otorrhoca, 1 Deaf, 1 Harc Lip Cleft Palate, 1 Facial Paralysis, 1 Blefharitis, 1 Prolapse Ain, 1 Congenital Heart, 1 Talipes, 1 Scabies. 1 Congenital Heart, 2 Talipes,	8
North Sydney Redfern	١.,	65	59	6		4	8	20	27	12	11	6	4	7		3	•••	8		3	2 Rickets, 1 Urticaria. 1 Andivis, 1 Urticaria, 1 Endo- carditis, 1 Mental Deficient, 2 Otorrhoea, 1 Mumps, 1 Mitial mimur.	8
Mosman		40	42	3		1	•••	21	18	3	7	9	2	5	5	1		2			1 Anaemia, 1 Blefharitis, Asthma, 1 Talipe, 1 Rickets, 1 Hypo-	5
Randwick Newtown		50 65	34 64	11		4 8	"i	21 28	11 26	2 10	7 14	6 7	4 2	3 8	6	2		1 4	1	2	thyondism. 1 Rickets, 1 Asthma, 1 Webbtoes 1 Deaf, 1 Webbertoes, 1 Rickets, 1 Endocarditis, 1 Mental Defective, 1 Hyperpitmetrism.	1 6
Totals	117	664	537	165	1	51	23	254	209	74	109	84	69	106	41	14	7	34	6	23		71

SECTION 1.

D.—TUBERCULOSIS DIVISION.

REPORT OF THE DIRECTOR FOR THE YEARS 1941-1946, INCLUSIVE.

Staff.

Director: Dr. H. G. WALLACE.

Deputy Director: Dr. J. Hughes.

One Clerk. Nine Visiting Nurses.

Close co-operation between the Division, hospitals and voluntary bodies engaged in the diagnosis and treatment of tuberculosis was maintained during the period under review. The assistance of the Commonwealth Government, through the

appointment of a Commonwealth Director of Tuberculosis and the passage of the Commonwealth "Tuberculosis Acts" in 1945 and 1946, is looked forward to as a further means of coordinating a nation-wide campaign against tuberculosis.

Notifications and Deaths.—Statistics for the years 1941-1946 show a gradual decrease in the number of notifications of and deaths from tuberculosis in N.S.W., as shown in the tables following.

NOTIFICATIONS FOR YEARS 1941-46.

Year.	Me	etropolita	ın.	Hu	inter Ri	ver.	В	roken	Hill.	Rema	inder of	State.	W	hole of	State.
	М.	F.	Total.	M.	F.	Total.	М	F.	Total.	М.	F.	Total.	М.	F.	Total.
1941 1942 1943 1944 1945 1946	881 1,011 824 811 826 800	518 477 504 491 454 480	1,399 1,488 1,328 1,302 1,280 1,280	38 47 44 64 64 51	20 34 30 46 33 29	58 81 74 110 97 80	6 18 12 18 14 14	5 8 6 4 3	23 20 24 18 17	275 213 176 160 184 178	178 107 124 147 109 116	453 320 300 307 293 294	1,200 1,289 1,056 1,053 1,088 1,043	716 623 666 690 600 628	1,916 1,912 1,722 1,743 1,688 1,671

DEATHS FOR YEARS 1941-46.

Year.	Male.	Female.	Total.
1941	663	338	1,001
1942	670	369	1,039
1943	609	360	969
1944	583	312	895
1945	5 56	310	866
1946	579	309	888

X-rays.—The Division continued the arrangement with private radiologists to conduct radiological examinations of members of the public under the group scheme, at reduced fees.

The following table of X-ray examinations gives an indication of the increase in the number of X-rays of the general public:—

Year.	1941.	1942.	1943.	1944.	1945.	1946.
Private	1,465	2,185	4,005	5,632	6,959	9,615
Clinics	10,894	12,402	11,379	12,822	15,415	16,368
Combined Totals	12,359	14,587	15,384	18,454	22,374	25,983

Regarding private radiologists, although there was only one operating fortnightly group sessions in 1941, in 1946 there were five radiologists operating weekly sessions on different days in the week, in addition to the clinics operating at the Royal Prince Alfred Hospital; Royal North Shore Hospital; the Anti-Tuberculosis Association's Clinic, Surry Hills; the Newcastle Hospital; Canterbury District Hospital; Manly District Hospital; Sydney Hospital, and Broken Hill.

Hospitals.—Further accommodation for indoor patients was provided by the opening in the metropolitan area of the Lourdes Private Hospital at Killara.

New Developments.—The provisions of the Public Health Act, 1902-1944 made all forms of tuberculosis notifiable by medical practitioners, and this has added slightly to the number of notifications received during later years.

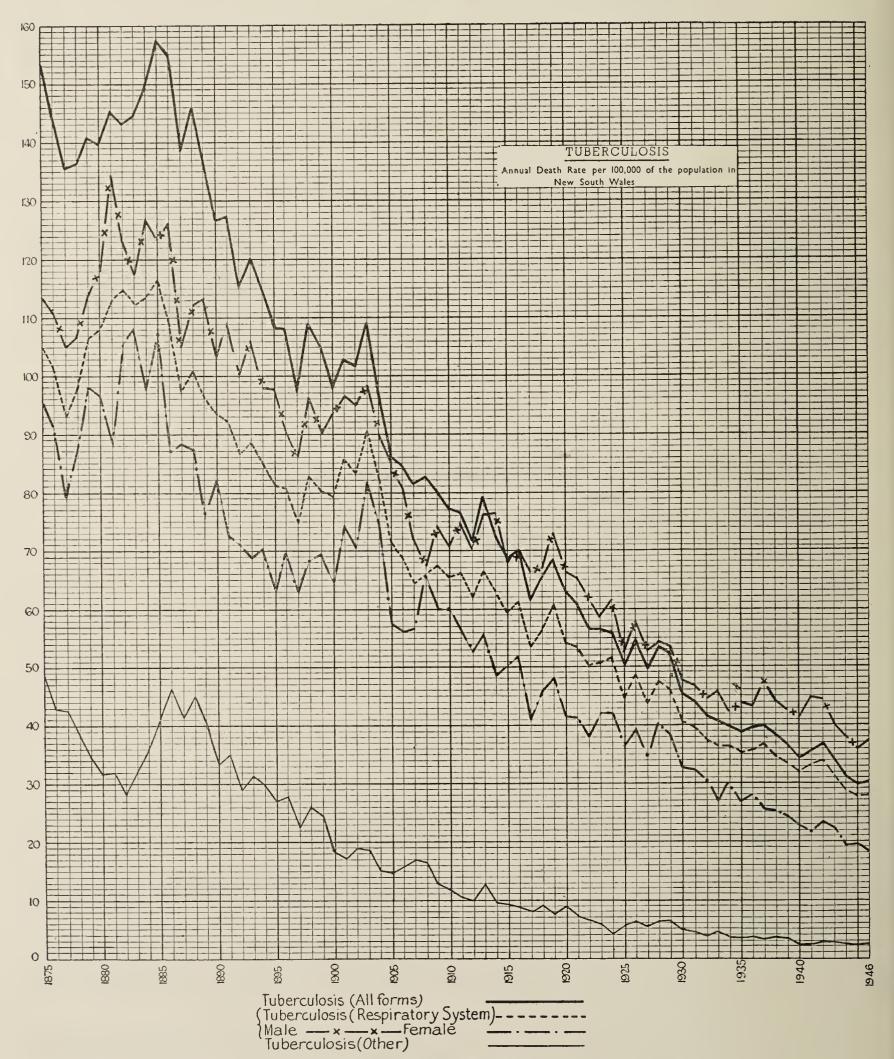
Regular broadcasts fortnightly through the 2GZ network have been arranged, and lectures have been delivered at various city, suburban and country towns. A new illustrated pamphlet has been prepared for distribution by the Division.

It has been encouraging to see the general public response to the X-ray services available, both through the clinics and the private radiologists.

Radiological survey units have been established in various country centres, and the visiting mobile unit of the Anti-Tuberculosis Association, N.S.W., has rendered services both in the rural and urban areas.

TUBERCULOSIS

An .ual Death Rate per 100,000 of the Population, 1875-1946



Graph 15

SECTION I.

E.—DIVISION OF INDUSTRIAL HYGIENE.

REPORT OF THE DIRECTOR FOR THE YEARS 1941-1946 INCLUSIVE.

Introduction.

The Division of Industrial Hygiene undertakes the investigation of diseases arising from work, especially in factories and mines. Any person claiming to be affected by exposure to dangerous dusts, gases, fumes, or to bad ventilation or other unsatisfactory conditions of work is entitled to an examination, which is usually carried out by the staff. At times, an additional examination such as an X-ray of the chest or a report on a skin condition by a dermatologist is thought advisable, and this extra service is available without cost to the worker.

Pathological and chemical examinations are made of the lungs of coal miners and workers in other dusty trades. Reports on these examinations are used in the determination of compensation payments to dependents.

Lectures and demonstrations are given at fairly frequent intervals to groups of medical men doing post-graduate studies, to factory inspectors, university undergraduates in engineering and to colliery officials studying for higher certificates.

Investigations are carried out into the ventilation of theatres and public halls, including the examination of proposed plans for mechanical ventilation of such places.

It is not intended that this report will cover in detail the laboratory and field investigations carried out, but a summary has been made of the more important inquiries undertaken. It should be understood that the number of individuals reported as suffering from industrial diseases such as lead poisoning, dermatitis and pneumonokoniosis is not the total number occurring in New South Wales for the given period, but the number examined by the staff of the Division, often after they have been examined elsewhere and been declined compensation.

Many individuals with skin or pulmonary disease are examined by insurance companies or compensation boards, and do not report to this Division at all, but in regard to lead poisoning, practically all persons claiming to be affected by that disease would be examined by this Division.

Staff.

At the beginning of 1941 the late Dr. Charles Badham was in charge of the Division, and had a staff consisting of Dr. Gordon C. Smith, Medical Officer; H. E. G. Rayner, B.Sc., First Scientific Assistant; A. M. Willison, M.Sc.; H. M. Whaite, B.E., Scientific Assistants; and A. J. Gavriloff, Laboratory Assistant.

In 1942 Mr. Gavriloff enlisted in the R.A.A.F. In August, 1943, the death occurred of Dr. Badham after a short illness, and Dr. G. C. Smith was appointed as his successor. At about the same time, Mr. Willison resigned and was replaced by Mr. J. L. Sullivan, A.S.T.C., and a year later the staff was increased by the appointment of Mr. C. L. Cullen, B.Sc., as Scientific Assistant. The position of Medical Officer remained unfilled until 1945, when Dr. J. T. Cullen, who had served in the R.A.A.F., joined the staff. In 1944 a full-time shorthand-writer and typist was appointed. This position is at present held by Miss B. P. Byrnes. At the end of 1946 Mr. Gavriloff was still on leave of absence with the R.A.A.F.

Death of Dr. Charles Badham.

By the death of Dr. Badham on August 6th, 1943, at the age of 59, the Department of Health lost one of its most valuable officers, and the Australian medical profession a scientist of distinction and rare ability.

The late Charles Badham was born in Australia in 1884, into a family whose name was already famous. At the completion of his school days he spent some years in commercial life and then proceeded to the University of Sydney, where, after a distinguished record in the study of Pharmacy and in

the Faculty of Science, in which he graduated with first-class honours, he studied medicine and secured honours at graduation in 1917.

He volunteered for active service in 1916, and after graduation served in hospitals, and then as captain in the Australian Army Medical Corps, proceeded to France and served in the 5th Field Ambulance in the Somme sector.

After the declaration of the armistice in 1918 he made a further study of biology and zoology in Britain working for a time at the University College, London, under Professor J. P. Hill, F.R.S. He was the author of a number of papers on original researches into zoological subjects.

He returned to Australia in 1919 and for a time practised medicine on the North Coast of New South Wales, and then joined the staff of the Microbiological Laboratory of the New South Wales Department of Public Health.

In 1923 the Arbitration Court of New South Wales asked for the appointment of a government medical officer to conduct scientific and medical investigations into the health, comfort and well-being of employees in a number of industries. Dr. Badham was selected for this work and assumed the title of Medical Officer of Industrial Hygiene. Thus, the Division of Industrial Hygiene of the Department of Public Health originated, and the status which the Division enjoys to-day is due to Dr. Badham's achievements and enthusiasm.

Quite early he selected the problems of ventilation, industrial poisonings and dust diseases of the lungs for special study, and he published a considerable amount of work on his researches into these subjects.

The problem of lead poisoning was studied over a long period in various industries, and within a few years Dr. Badham produced standards of diagnosis which were then and still are widely accepted. In 1926 he urged upon the Department of Labour and Industry the necessity for the gazettal and enforcement of regulations to control the lead trades, and in 1928 these regulations were gazetted.

Probably his best work and most notable contribution to the field of industrial medicine was in connection with dust diseases of the lungs. This work, which won for him a world-wide reputation, involved the investigation of dust hazards of workers in coal mines, sandstone tunnels and in other industries. He established and practised a refined method of dust sampling, made many pathological examinations of lungs from dead miners, and conducted a large number of animal experiments to determine the reaction to injection and prolonged inhalation of various dusts.

As an Australian expert on silicosis, he was twice honoured with an invitation from the International Labour Office of the League of Nations to attend conferences on silicosis in South Africa in 1930 and in 1938 to Geneva.

In collaboration with Dr. H. B. Taylor, a method of chemical analysis of lung tissue which ensured the accurate determination of the amount of free silica, combined silica and free carbon was produced.

He showed that the reaction of the lung to the inhalation of insoluble dusts like coal was a form of pneumonokoniosis showing characteristic irregular fibrous nodules associated with emphysema, the lesions differing pathologically from the typical discrete nodule of silicosis, which follows inhalation of quartz or sandstone dust.

It was largely due to Dr. Badham's efforts that a scheme for the compensation of workers whose lungs have been dusted was introduced into New South Wales.

For many years he had been a member of the Special Pneumonokoniosis Medical Board of the Workers' Compensation Commission of New South Wales; he was for some time Chairman of the Medical Authority of the Workers' Compensation (Silicosis) Act and was also a member of the Commonwealth Committee of Industrial Hygiene in Munitions Establishments of the National Health and Medical Research Council. He was an associate editor of the "Journal of Industrial Hygiene and Toxicology."

Charles Badham was a true man of science, a constant seeker after the truth. In the words of Thomas Didymus, his motto might well have been: "Except I shall see . . . I will not believe." He possessed a high critical faculty and sound judgment, and demanded from others the same high standard of efficiency which he set for himself. His great enthusiasm for his work and extraordinary energy and vitality acted as a stimulus to all who came in contact with him, and none who came within the scope of his influence could fail to benefit.

In a high official position which demanded tact and impartiality, Dr. Badham succeeded in holding the confidence of both worker and employer, and his advice was always much appreciated by both sides. His contributions to the advancement of industrial hygiene in Australia will long be remembered.

Increase in Work Caused by the War.

To provide staff for munitions plants, annexes and new industries that were developed as the result of the war, a large number of men and women was called up for factory work with which they were unfamiliar, and in some cases unfitted. The expansion of industry not only increased the number of factory workers, but also introduced new hazards. In a number of processes toxic materials that were readily available were used in place of less harmful substances which were in short supply, or required for the more essential industries. In addition, employees were often required to work overtime, and on night shifts under conditions of restricted ventilation owing to the need to maintain blackout conditions.

The disturbance of normal routine in factories, the large increase in man-hours worked, the introduction of new methods and employment of unskilled workers caused a big increase in the incidence of occupational diseases. The number of employees medically examined each year, and many of these on more than one occasion, at the Division's laboratory increased to a peak in 1944, as shown in the following table. To these must be added the numerous examinations conducted at the place of work.

Year.	Total Number Examined.	Number of Male Employees Examined.	Number of Female Employees Examined.
1941	392	360	32
1942	583	534	49
1943	798	723	75
1944	897	809	88
1945	647	596	51
1946	582	547	35

Co-operation With Commonwealth Departments.

In addition to work for State Departments, which is one of the normal functions of this Division, various investigations were made for the Commonwealth authorities in munitions plants and munitions annexes, chiefly in this State, but also in Victoria.

In 1942 the Commonwealth Department of Labour and National Service asked the Division to undertake the training in industrial hygiene technique of six graduates in science seconded from the Council of Scientific and Industrial Research; at a later date four more officers with similar qualifications were instructed. At the request of the above Department the work of these officers in the investigation of problems in certain industries was supervised by this Division.

The Director of the Division attended a number of meetings of the Advisory Committee which was set up by Commonwealth Government to advise it on matters affecting the health and welfare of munitions workers, and concerning the hygiene of munitions establishments. Following the cessation of war the committee continued to function as the Committee on Industrial Hygiene of the National Health and Medical Research Council.

An officer of the Division was a member of two war-time Committees—one to advise on the Ventilation and Construction of Air Raid Shelters, and the other to advise on the Protection of Vital Plant and Factories.

Co-operation With State Departments.

The Division co-operates in an advisory capacity with the Department of Labour and Industry in the prevention of industrial disease, and with the Mines Department in problems dealing with dust and ventilation in coal mines; also with other State authorities as the occasion demands.

The Director is a member of the Special Pneumonokoniosis Medical Board of the Workers' Compensation Commission, and he and a scientific officer of the Division are members of the Coal Dust Standard Committee of the Mines Department.

Special Investigation Made at Request of Industrial Commission of New South Wales.

The Industrial Commission is a judicial authority responsible for the making or varying of industrial awards covering rates of pay, hours of work and other conditions of employment. When the question of a health hazard is raised, the advice of this Division is sought by the Commission.

In this connection, inquiries were made into several industries where it was claimed that health hazards existed. A summary of the findings in regard to the manufacture of ferro-alloys, chiefly ferro silicon, and the manufacture of bricks, tiles and earthenware pipes, is given in the body of the report. In addition, reports were made on the following subjects:—

- 1. Working conditions of employees in a glass works, especially in reference to exposure to high temperatures, dust, fumes, and to the risk of contracting infectious diseases.
- 2. The electrolytic refining and smelting of metals, chiefly in reference to poisoning by selenium.
- 3. The hazard of lead poisoning and exposure to pneumonokoniosis-producing dusts in paint factories.
- 4. The incidence of dermatitis and other effects on health from the manufacture of vegetable oils.
- 5. An alleged outbreak of dermatitis in a factory engaged in the manufacture of parachutes.
- 6. Exposure to asbestos and other dusts and also to benzol in the manufacture of engine packing and similar materials.
- 7. The dust exposure of machine men, pneumatic pick men and jumper men working in sandstone.
- 8. The application of granulated cork to the underside of a roof of a power house.
- 9. Exposure to manganese during the manufacture of ferro manganese.

Post-Mortem Examination of Lungs of Coal Miners and Workers in Other Dusty Trades.

Lung specimens from seventy (70) individuals were received for examination for pneumonokoniosis. In some cases the heart and other organs were also sent.

The lung specimens were examined pathologically and were chemically analysed for the amount of free and combined silica and free carbon. The details of the methods used in these post-mortem studies have been described in earlier reports of this Division.

In some cases the amount of pulmonary tissue submitted for examination was too small to enable an accurate diagnosis to be made, so that neither a pathological nor chemical examination was undertaken.

A summary of the pathological and chemical findings of forty-five (45) specimens is given in Table 1.

Table I.—Showing the pathological and chemical findings of the lung specimens of thirty-nine (39) coal mine workers and six (6) miscellaneous workers in dusty occupations examined in the years 1941 to 1946 inclusive. Where a coal miner worked on more than one coalfield, the last mine at which he worked has been used for the purpose of classification.

		Dusty Occu- pations, Mining, etc.		Mg	. per Gr	am of I	Oried L	ung.	Co	ontent ((Grai	of Lung ns.).	s	
Case No.	Age.	Year of since work in.	Pathology.	Ash.	Free and combined sillca.	Combined silles.	Frce silica.	Car- bon.	Frec and com- blned slllca.	Comblined silica.	Free sllica.	Car- bon.	Remarks.

COAL MINE WORKERS, NEW SOUTH WALES SOUTHERN COALFIELD.

141	67	55	3	Pncumonoconiosis, coal dust type, early.	43.9	11.2	6.3	4.9	54.0	2.97	1.67	1.3	14.3	Worked in Australian coal mines for 55 years; at Newcastle, Gippsland (Victoria) and South Coast, where he was at Scarborough for 22
143	57	40	2	Chronic and acute bronchitis; pneumonoconiosis, coal dust	29.2	4.4	2.4	2.0	31.0	0.77	0.42	0.35	5.4	years. Worked in coal mines for 20 year at Coalcliff and South Clifton.
144	45	31	•••	type, early. Pneumonoconiosis, coal dust type, early.	28.0	3.3	1.3	2.0	42.0	0.69	0.27	0.42	S·8	Started work at 14 years of age in South Wales Collieries; also coal miner in America and New Zea-
147	53	33		Pneuntonoconiosis, coal dust type, early.	29.6	3.6	1.4	2.2	30.0	0.49	0.19	0.30	4.0	land. Last 16 years, South Bulll. Coal miner in Scotland for 15 years, followed by 18 years underground
149	49	?		Pneumonoconiosis, coal dust	36.7	4.8	1.4	3.4	69.0	1.2	0.35	0.85	17.25	
150	69	38	13	type, carly. Lobar pneumonia. Pneumonoconiosis, coal dust type, early.	48.5	9.5	5.9	3.6	57.0	1.95	1.2	0.75	11.8	years miner at Coalcliff Colliery. Coal miner in England for 2 years, followed by 36 years on Southern Field of N.S.W., including 19 years
153	62	?	12	Pneumonoconiosis, coal dust type, early.	19.5	1.6	1.4	0.2	41.0	0.51	0.45	0.06	13.3	at Balgownie, Corrimal. Ambulance attendant, Wongawiili Mine, 12 years. Previously coal miner.
155	56	43		Pneumonoconiosis, coai dust type, early; cironic bron- chitis.	20.7	3.0	1.4	1.6	19.0	0.69	0.32	0.37	4.4	Coal miner in England 22 years and 21 years at Corrinal Colliery on South Coast.
164	59	40		Pneumonoconiosis, coal dust type, early.	25.9	3.42	0.91	2.51	19.0	0.63	0.17	0.46	3.5	Worked in mines for 40 years. Last 22 years in South Clifton Tunnel
165	65	30	1	Pneumonoconiosis, coal dust	31.85	8.95	7.26	1.69	93.0	2.11	1.71	0.40	22.0	Colliery on South Coast. Over 20 years at Corrimal Colliery.
166	71	40	?	type, moderate. Pneumonoconiosis, coai dust type, very early.	21.25	2.41	0.92	1.49	27.0	0.61	0.23	0.38	6.8	Worked for 20 years in coal mines in Northern field, followed by 20
168	60	46		Pneumonoconiosis, coal dust type, early.	24.7	5.69	3.69	2.0	11.0	1.48	0.96	0.52	2.86	years on South Coast. Coal miner in England for 29 years. Then for 17 years in South Coast Colleries.
186	60	35	?	Congestion and ædema of lungs. No pneumonoconlosis.	20.7	1.82	0.60	1.22	7.0	0.57	0.19	0.38	2.2	Worked at coke washing plant, Wongawilli Colliery, for 35 years.
188	53	28	5	Pneumonoconiosls, coai dust type, early.	26.2	3.72	1.65	2.07	38.0	0.65	0.29	0.36	6.7	South Coast Collieries, mostly at South Bulli.
190	44	30		Pneumonoconiosis, coal dust type, moderate.	42.0	7.43	4.53	2.90	102.5	1.44	0.88	0.56	20.0	Only worked in coal mines on South
192	53	40	•••	Pneumonoconlosis, coal dust type, carly.	31.5	4.6	2.27	2.33	52.0	1.08	0.52	0.54	12.0	Worked in northern field collicrles for 15 years; iast 25 years in
199	55	36	?	Pneumonoconiosis, coal dust type, very early.	20.8	1.1	0.6	0.5	17.0	0.24	0.13	0.11	3.8	Worked only in coal mines on southern field; 25 years at Excelsior Colliery.
200	63	35	?	Pneumonoconiosls, coal dust	20.6	2.7	2.6	01	43.0	0.67	0.65	0.02	10.8	Worked for 35 years at South Bulli
202	56	41	2	type, very early. Pneumonoconiosis, coai dust type, marked.	44.4	13.57	10.6	2.97	150.0	4.1	3.2	0.9	46.0	Colliery. 10 years in mines at Durham, England. 10 years at Corrimal and Mt. Pleasant, and 21 years at
206	45	81		Pneumonoconlosis, coal dust type, very carly.	18.9	2.36	0.7	1.66	16.0	0.44	0.13	0.31	3.0	South Bulli. Slx years in Northern fleids. 26 years at Mt. Kembia on southern
210	58	?	•••	Bronchitis and pieurisy (chronic). No pneumonoconiosis.	37.7	0.72	0.02	0.7	6.0	0.123	0.003	0.12	1.0	coalfields. Employed for some years on surface and later as lamp man at South Bulli.

COAL MINE WORKERS, NEW SOUTH WALES WESTERN COALFIELD.

142	63	24	13	Pneumonoconiosls, c	oal dust	29.1	3.4	0.6	2.8	19.0	0.75	0.13	0.62	4.2	Worked for six months only in
				type, early. I	ulmonary						}				western coal mines. Previously
				tuberculosis.						}					19 years in northern field mines
														1	and four years on southern fields.
151	54	22	3	Pneumonoconiosis, c	oal dust	21.4	0.73	0.09	0.64	22.0	0.17	0.02	0.15	5.3	17 years at State Coal Mine. Also
				type, carly.											worked as lorry driver and was on
				· · · · ·											active service for 41 years.
154	56	35		Pneumonoconiosis, c	oal dust	26.4	2.35	0.32	2.03	27.0	0.46	0.06	0.40	5.3	Twelve years South Coast Collieries
				type, early.											and 23 years on western field.
156	55	20			oal dust	28.6	4.16	0.48	3.68	27.0	0.53	0.06	0.47	3.5	Miner at Wallerawang Colliery only.
				type, carly.											
158	66	24	14		oal dust	27.7	3.79	0.66	3.13	55.0	0.87	0.15	0.72	12.6	Worked 22 years at South Coast
				type, moderate.								0.20			coal mlnes, and last 2 years on
				• • •											western field.
160	67	?	?	Pneumonoconiosis, c	oal dust	40.5	4.12	3.02	1.1	84.0	1.35	1.0	0.35	27.0	Known to have worked for about
				type, early.											20 years at State Coal Mine.
				, , , , , , , , , , , , , , , , , , ,			ì								Lithgow.
161	5 8	42	?	Pneumonoconiosis, c	oal dust	32.7	2.7	1.6	1.1	62.0	0.61	0.36	0.25	14.0	Lithgow Valley Collicry for 41 years.
				type, moderate.											
162	63	26	2	Silicosls, carly		52.7	3.7	1.8	1.9	29.0	1.05	0.51	0.54	8.2	Shale miner for 2 years, 24 years coal
															mining, all done on western field.
194	55	22	3	Pneumonoconiosis, sili	ceous and	43.71	9.73	5.28	4.45	54.0	3.46	1.88	1.58	19.2	Worked at State Coal Mine, Lithgow
				coal dust type, mark	red.										for 22 years, mostly as miner, but
															also did some shaft sinking.
201	57	35	4		oai dust	31.8	3.94	2.54	1.4	104.0	1.4	0.9	0.5	36.0	Only worked in western field coai
				type, marked.											mines.

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Table I.—continued.

		Dusty patic Mining	ons,		Mg.	per Gr	am of I	Oried Lu	ing,	C	ontent ((Grai	of Lung ms.),	s	
Case No.	Age.	Years of work in.	Years since work in.	Pathology.	Ash.	Free and com- bined silica.	Combined silica.	Free silica.	Car- bon.	Free and com- bined silica.	Combined silica.	Free silica.	Car- bon.	Remarks.
				COAL MINE V	VORKERS	s, New	SOUTH	WALES	NORTH	IERN F1	ELD.			
145	63	48	2	Pneumonoconiosis, coal dus	37.2	5.4	3.2	2.2	40.0	1.42	0.84	0.58	10.48	Worked in English coal mines for 35 years; Hebburn Colliery
148	55	40	2	Pneumonoconiosis, eoal dus type, very early. Pulmonar tuberculosis.		1.6	1.1	0.5	17.0	0.42	0.29	0.13	4.5	(N.S.W.) for 13 years. Only worked on northern fields; last 28 years at Abermain.
174	59	45	?	Pneumonoeoniosis, eoal dus type, early.	21·1	2.23	0.55	1.68	29.0	0.62	0.15	0.47	8.1	Only worked in northern field coal mines.
177	58	40	3	Pneumonoconiosis, coal dus	t 21.4	1.56	0.43	1.13	46.0	0.37	0.10	0.27	10.8	Only worked on northern field coal mines.
195	?	23	•••	Pulmonary tuberculosis, miliary type.	28.0	0.35	0.35	.005	3.0	0.13	0.13	0.002	1.1	Only worked at mines on northern field.
203	46	22	•••	No pneumonoconiosis		1.0	0.6	0.4	10.0	6.2	0.12	0.08	2.0	Overseas mining experience not known. Shaft sinker for 6 years and then coal miner for 16 years at Elrington Colliery.
204	56	40	• • • •	Pneumonoconiosis, eoal dus type, early.		2.3	1.0	1.3	51.0	0.36	0.16	0.2	8.3	Last colliery Aberdare 37 years.
209	56	40	2	Fneumonoeoniosis, eoal dus type, moderate.	23.2	2.89	1.5.	1.39	79-0	0.69	0.36	0.33	18.8	Twenty-five years Pacific Colliery, Teralba (5 years shaft work). Last eolliery Stockton Borehole 13 years (11 years shift work).
•					Misceli	ANEOUS	Work	ERS 1N	DUSTY	OCCUPA	ATIONS.			
152	63	39	?	Silicosis, marked; and tuber culosis.	208.6	7.3	5.4	1.9	2.0	3.2	2.4	0.8	0.9	Gold miner for two years in Western Australia, and 37 years in South Africa.
184	64	30	?	Pneumonoconiosis, very early	. 56.3	6.39	4.13	2.26	13.0	1.37	0.89	0.48	2.8	Foundry worker. Dresser of castings with emery wheels and rumbler.
185 187	54 54	38 25		Tuberculosis of right lung Bronehogenic carcinoma. Pneu monoconiosis, very early.	30·07 46·84	4·5 11·5	0.62 2.0	3.88 9.51	$\begin{array}{c} 5.0 \\ 14.0 \end{array}$	1.74 3.0	0.24 0.5	1·5 2·5	2·0 3·7	Foundry moulder on stove parts. Worked at iron foundry for 25 years, dressing eastings.
196	58	34	•••	Pneumonoconiosis, very early	. 33.2	3.3	1.6	1.7	8.5	0.32	0.25	0.27	1.3	Moulder in iron and steel foundries all industrial life.
205	58	?	4	Pneumonia and lung abscess No silicosis.	. 31.96	2.2	1.5	0.7	5.0	0.46	0.31	0.15	1.0	Stone mason most of industrial life.

Coal Mine Investigations.

Dust and ventilation tests were made in fifty-two (52) New South Wales collieries as well as in the National Shale Mine, Glen Davis. These collieries constitute about 40 per cent. of the total number of coal mines in the State and include all the major collieries. In most cases a large number of tests was taken at each mine.

Most of the work was connected with-

- (a) complaints from the workmen about dusty or badly ventilated working places;
- (b) surveys of collieries or of working processes in collieries, for the Minister for Mines or for the dust committee appointed under General Rule 12B of the Coal Mines Regulation Act to investigate and report on a standard of concentration of dust in mine air;
- (c) special research tests such as determining the reduction, if any, in dust concentration by the use of water applied by hose or by infusion.

From 1941 to 1943 most of the work was directed towards obtaining representative data on dust concentrations in the various fields with the object of proclaiming a standard of concentration of dust not to be exceeded in New South Wales coal and shale mines. The tests taken confirmed the belief that the Southern Coalfield was the dustiest and the Western the least dusty, with the Northern intermediate between the two. Omitting for the time being the dust concentration after shotfiring—these being concentrations to which the men are usually not exposed for a great length of time—the getting and filling of coal during the extraction of pillars on the South Coast was the most dusty operation and the one most likely to exceed any reasonable dust standard.

Finally, in December, 1943, a dust standard of 700 particles per cubic centimetre by Owens' dust counter was proclaimed. At least twelve (12) samples were to be taken at regular intervals over a period of one hour. This standard has now been in operation for some years and except at some points on the South Coast, the dust concentrations in the collieries can be kept below the limit it imposes.

The following are the more important surveys carried out during the six-year period:—

(a) A dust survey of the screening plants of the major southern collieries was made in 1941. The information obtained was used by the Dust Committee determining the dust standard.

- (b) A dust survey of representative pillar districts in three southern collieries was also made in 1941. The working places tested were considered among the dustiest in the State. The information obtained was also used by the Dust Committee.
- (e) A ventilation survey of one of the southern collieries (Wongawilli) was carried out in 1941 with further work in 1943.
- (d) Following on the above investigation, a medical survey was carried out in 1945 and 1946 to determine the incidence of bronchitis in Wongawilli Colliery compared with that in Osbornc-Wallsend (Mount Keira) Colliery. No significant difference between the incidence of bronchitis in the two collieries was found.
- (c) At the request of the chairman of a board of inquiry into the coal mining industry, a survey was made early in 1946 of the atmospheric conditions of Bellbird and Elrington Collieries on the northern field, Metropolitan Colliery on the southern field, and the State Coal Mine on the western field. It was established that optimum comfort conditions for the miners underground ranged from 66° F. to 72° F. effective temperature, or from 5 to 8 dry katathermometer cooling power.
- (f) An analysis made of the findings of the Special Pneumonoconiosis Medical Board, which examines coal miners claiming compensation for dust disease of the lungs, showed that from 1934 to 1944 inclusive, Abermain Colliery on the South Maitland field, John Darling Colliery on the Newcastle field, Metropolitan Colliery on the southern field, and the State Coal Mine on the western field, had produced the greatest number of cases of pneumonoconiosis in their respective districts. On the basis of the number of cases per 100 employees, Abermain, John Darling and Metropolitan Collicrics had the highest incidence in their respective districts, but Ivanhoe No. 1 Colliery replaced the State Coal Mine in the west. At the request of the Minister for mines, a dust survey of these five mines was commenced early in 1946.

Special research work on the use of water sprays for dust reduction was carried out in four southern colliereis (Bulli, Osborne-Wallsend, Metropolitan and Coalcliff), and two northern collieries (Burwood and Stanford Main No. 2). Briefly the results showed that little dust reduction was achieved by using water sprays unless—

- (a) a liberal amount of water was used;
- (b) the dust was wetted before it became airborne, that is, whilst still in a heap or part of the solid coal;
- (c) as long a time as possible (up to several hours) was allowed to pass after wetting the coal before disturbing it.

Research work was carried out in pillar places of Coalcliff Colliery and solid places of Metropolitan Colliery, both on the South Coast, to determine the reduction in dust concentration brought about by water infusion, that is, by pumping water under pressure (30-90 lb. per square inch at Coalcliff, and 300-400 lb. per square inch at Metropolitan) into the coal seam through boreholes more than 100 feet long. The quantities of water absorbed ranged from one to several thousand gallons, and extraction of the coal generally commenced a few days after the treatment began and continued for some months. In both collieries this method of treatment reduced the dustiness considerably, but whilst the effect was apparent within a few days at Coalcliff Colliery, three months elapsed before the full reduction in dust concentration became obvious at Metropolitan Colliery. The results of the tests were that—

- (a) water infusion reduces the dust concentrations during most mining operations. Cutting is the most notable exception;
- (b) in some cases the water infusion may not become fully effective as a dust reducer until several months have elapsed.

All tests, research and otherwise, have pointed to good ventilation as a prime requisite for reducing dust concentrations, and this fact has always been stressed in the reports made by the Division. It was found that the dust concentration in a place tends to vary inversely as the air flow; for example, to halve the dustiness of a place one would need approximately to double the volume of air entering that place each minute.

During the six-year period, little work was done on suction plants since few collieries have them installed. The few tests taken indicated their suitability for dust reduction at surface screening plants.

A small but important aspect of our work was the determination of the size frequencies of the particles of dust in airborne suspension. This is a matter of some importance, since the harmfulness of dust particles depends largely on their size. Our tests showed that the median size of coal dust particles ranged from 1.3 to 1.9 microns (1 micron = 0.0001 centimetre) and that at least 97 per cent. of them are under ten microns in size.

Data on "soot" or "smoke" particles arising from the use of naked lights (i.e., lamps burning acetylene or kerosene and tallow) were compiled, since the late Dr. Badham considered these particles may have been a contributing factor in the production of pneumonoconiosis. With the replacement of naked lights by safety lamps in all mines, the concentrations of these particles have become negligible. The information obtained, however, is useful when assessing the dustiness of certain collieries in former years.

Tests after shotfiring were made in a large number of collieries throughout the State, but particularly in the southern and western fields. Not only were dust concentrations determined, but samples of air were analysed for gases such as carbon monoxide and nitrous fumes. Conclusions from these tests were that—

- (a) good ventilation is essential to dilute and sweep away the dust and fumes from shotfiring;
- (b) with the explosives in use in New South Wales collieries the concentration of noxious gases and fumes is usually low;
- (c) the dust from shotfiring tends to be carried by the air throughout the ventilating district and to boost the dust concentration in other working places. On this account it has been consistently recommended that all shotfiring in the northern and western fields be done on afternoon shifts. This is already the practice in the southern field.

During the period 1941 to 1946 the incidence of dermatitis amongst miners in Aberdare Extended and Aberdare Central Collieries on the northern field, and Corrimal Colliery on the southern field, was investigated. Since the miners attributed their skin condition to bites by insect pests, the help of the Government Entomologist and the Forestry Commission's Division of Wood Technology was obtained. Few cases of dermatitis attributable to bites were seen; some of these cases were probably due to bites from the mite *Pediculoides ventricosus*, which feeds on the larvae of powder post beetles.

Toward the end of 1946 the Federal Government appointed a Coal Dust Advisory Committee consisting of representatives of the Council for Scientific and Industrial Research, the Institute of Mining and Metallurgy, the mine owners, the Miners' Federation, the Department of Mines, and this Department. The Director and Mr. H. M. Whaite were appointed to this committee.

Radiographs of the Lungs of Workers in Dusty Trades.

Radiographs were made of the chests of 615 workers who attended the Division for medical examination. Most of these had been employed in industries where a potential dust hazard existed, but in a few instances the radiographs were taken to ascertain whether any lung changes had been caused by exposure to fumes, as in welding.

Of the 615 radiographs, 248 were normal, and in 234 there was some increase in linear markings; nodulation, apparently due to dust, was present in 109 and the changes in the remaining twenty-nine rays were considered to be due to, or probably due to, tuberculosis.

Table II below summarises the number of cases of nodulation according to the occupation of the worker. The majority of the twenty-five foundry moulders given in this list were under 40 years of age and had worked for the whole of their industrial life as machine moulders of stove parts and similar articles, and in their work had used a parting powder made from ground sandstone. Following the finding of such a high incidence of silicosis amongst machine moulders and other foundry workers, the Department of Labour and Industry had special regulations gazetted which were designed to reduce the exposure to silica dust of employees in factories in which foundry operations are carried on.

Table II.—Showing the number of cases of nodulation in various occupations.

Foundry Moulders 25 Foundry Dressers 9 Foundry Labourers 2 Refractory Moulders, Glass Works 9 Metal Miners 9 Brieklayers 5 Shot and Sandblasters 3 Sandstone workers 9 Ore Millers 2 Coal and Execoal Miners 7	Oeeupation.	Number Affected.
Ceramie Workers 2 Biograph Operators 2 Abrasive Soap Makers 3 Pipe and Briekyard Workers 3 Brieklayers 5 Miscellaneous Occupations, in which there was only one ease of nodulation in each occupation. 14	al Miners al Miners cklayers t and Sandblasters dstone workers Millers l and Ex-coal Miners mie Workers graph Operators asive Soap Makers and Briekyard Workers cklayers cellaneous Occupations, in which there was on	9 9 5 5 3 9 9 7 2 2 2 3 3 5 1 y one

The two biograph operators were brothers who had worked in the same cinema biograph box, one for ten and the other for twenty-three (23) years. Both had X-ray changes in the lungs, the appearances of which were described by radiologists as those of pneumonokoniosis. Tests showed that due to faulty ventilation of the lamp houses there was a leakage of fine dust particles into the breathing zone, and when the projection lamp was alight the air contained several thousand particles of such dust per cubic centimetre of air. The dust was composed mostly of oxides of rare earths, iron and aluminium. The total silica present was small and the free silica too small to be determined.

Although one of these biograph operators has been compensated for silicosis by the Silicosis Committee, it is considered that further investigation is necessary. The possibilities that the lung changes were due to deposits of dust without fibrosis, such as occurs in welders exposed to iron oxide fume, or that they were due to some familial condition, and thus were not occupational, were considered. Chest radiographs were taken of twenty (20) other individuals who had worked as operators for periods ranging up to thirty-seven years, but none showed any evidence of a dust disease of the lungs.

Under the heading of sandstone workers are included excavators in sandstone and rock choppers. The bricklayers affected had been engaged on furnace repair work.

Lead Poisoning.

One thousand, six hundred and fifty-six (1,656) individuals were examined for suspected lead poisoning. The examination consisted of an inquiry for relevant symptoms and blood examination for haemoglobin percentage, red cell count and an estimation of the number of stippled cells; in many cases an analysis of the urine for lead was carried out also.

The cases have been classified in one or other of two groups, according to the standards adopted by the Division:

- 1. Lead poisoning with disability.
- 2. Lead poisoning without disability.

From a practical point of view, lead poisoning with disability occurs when it is considered necessary for the man to cease work and lead poisoning without disability when it is considered he could work on a non-lead process, or could continue at lead work under medical supervision.

In addition to the medical examinations carried out, 20,708 blood slides submitted by the medical officers of sixteen (16) factories, where there was a lead hazard, were examined for

stippled red cells, and the results sent to the medical officer concerned. This examination of blood slides may be regarded as a practical means of checking the lead exposure of the employees and preventing more serious forms of lead poisoning.

The number of individuals examined each year, the occupation and the diagnosis, are shown in Table III. Of the three hundred and ninety-four (394) individuals who were considered to be suffering from lead poisoning with disability, two hundred and forty-three (243) or 62 per cent. were employed in factories manufacturing electric accumulators, and in each year the number of cases of lead poisoning with disability in this industry was over 50 per cent. of the total number of cases from all industries.

Table III.—Showing the occupations of 1,656 individuals investigated for lead poisoning by the New South Wales Division of Industrial Hygiene during the years 1941-46 inclusive. The table shows the number examined (1,656) and the number considered to be lead poisoned with disability (394); the remainder (1,262) were not lead poisoned, or lead poisoned without disability.

		19	41.	19	042.	19	943.	19	944.	19	945.	19	946.	19-	41-46.
Industry.	Occupation.	No. exam- ined.	No. lead poisoned with disability.	No. examined.	No. lead poisoned with disability.	No. examined.	No. lead poisoned with disability.	No. examined.	No. lead poisoned with disability.	No. exam- ined.	No. lead poisoned with disabil- ity.	No. exam- ined.	No. lead poisoned with disability.	No. examined.	
Manufacture of Accumulator Batterics	Moulding Lead oxide plants Mixing Pasting Formation Handling dried plates Assembling Burning Repair work Cleaning Other processes	4 3 19 9 37 11 10 1 5	2 2 15 2 30 7 6 	10 4 4 20 4 28 23 9 1	3 2 2 13 3 21 15 2 1 3	8 3 2 19 14 28 11 15 3 2 4	1 2 14 8 16 5 6 2 2 2	4 3 1 17 16 16 12 13 6 2 8	 1 1 7 4 3 3 1 1 1	2 10 16 12 18 6 3 3 5	 1 2 1 4 3 	4 2 1 14 11 3 7 5 1 	1 10 4 3 2 2 	30 17 8 99 70 124 82 58 14 8 36	7 8 3 61 22 77 35 17 3 4 6
Painting	House painting Coach painting Bridge painting Ship painting Commercial painting Spray painting Paint factory Lead corroding	11 2 1 12 3 5 6 	4 2 1 5 3	25 6 1 17 11 10 1	10 4 1 	24 1 11 1 3 14 2	8 2 3 1	19 6 2 16 15 2 1	 1 1	19 2 10 1 10 7	 2	20 3 13 1 9 5	3 1 1 	118 20 4 79 17 52 35	25 2 1 13 1 1 10 1
Vitreous Enamelling	Mixing Fusing Spraying Dusting Shot-blasting old baths	1 4	 2 1	1 1 1		2	2	1 1 2 1		2 		 1	::: ::: :::	2 3 10 7	4 1
Smelting of metals	Lead	17	3	8 5	4	27 5	7 2	20	2	15 2	1	5 17	2	92 32	19 2
Printing	Hand composing Machine composing Ink manufacturing Other processes	3 3 11	1 1	3 1 2 6	 1 2	6 10 	2	4 4 2 7	1 1	1 13 		6 4 		23 35 4 34	1 3 2 3
Glass Manufacture	Batch mixing Spraying Other processes	2	1	3	3 			1						4 2 1	3 1
Wire Manufacture Brass Foundry Mining Ship breaking Arsenate of Lead Pipe laying Petrol Distribution Motor body Engineering Engineering	Plumbing soldering Tinning Other processes Galvanising Other processes Furnace Moulding Lead mining. Oxy-acetylenc eutting Manufacture Paeking and mixing Spraying Lead eaulking Lead burning Pump maintenance Lead buffing Lead filling Turning metal bearings Boilermaking, welding and cutting Riveting Other processes	2 1 10 1 2 2 2 2 2 2	8 1 3	9 5 1 1 4 9 2 2 3 3 4 24 4 4	 1 4 2 1 2 1 4 	8 2 3 1 1 1 1 2 8 1 1 1 1 1 4 58 1 3	2	11 3 1 1 6 1 5 4 1 1 3 37		3 1 1 24 4		10 1 1 5 2 2 4	3 	47 7 15 2 2 2 5 8 24 19 9 5 1 1 3 8 2 7 4	1 2 1 1 1 2 7 2 1 1 1 4 1 1 15 2 1 1
Rubber Transport Miscellancous	Hose joining Trucking litharge Adventitious exposure	2	2	1 1	1 1	20	***		2		•••		•••	$\begin{array}{c} 1\\3\\136\end{array}$	$\begin{bmatrix} 1\\3\\3 \end{bmatrix}$
Totals	and no lead workers	240	103	$\frac{14}{302}$	109	$\frac{20}{332}$	97	327	33	212	16	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	36	1,656	394

There was a serious increase of lead poisoning in the years 1941 to 1943. This was mainly due to the working of overtime in accumulator factories where the hygiene generally was not good enough to allow more than the usual hours of work.

In 1941 and 1942 there were seen twelve (12) cases of lead poisoning in men engaged in electric or oxy-acetylene welding or burning on painted surfaces, in ship building or alterations to old ships. Most of these came from one ship yard, and the hazard was overcome by intelligent use of portable exhaust fans.

Special investigations were made of a number of processes where a lead hazard was suspected. These included the following:

- 1. Manufacture of electric-light globes.
- 2. Manufacture of white lead.
- 3. Spraying of vitreous enamel.
- 4. Spray-painting of boxes with a paint containing a lead chromate base.
- 5. Lead buffing at a motor car repair shop.
- 6. Rolling a zinc-lead alloy.

- 7. Riveting railway waggon underframes.
- 8. Weighing and mixing lead acetates and lead oxide in a chemical works manufacturing caffein.
- 9. Mixing of arsenate of lead with kaolin in manufacture of insecticides.

Fluorine Poisoning.

An inquiry was made into the possibility of fluorine poisoning occurring among the employees of a factory manufacturing the fertiliser superphosphate from crude rock phosphate, which is composed mainly of tricalcium phosphate, but also contains small amounts of fluorine compounds. After crushing, the rock phosphate is disintegrated by treatment with sulphuric acid producing superphosphate (calcium hydrogen phosphate) and liberating fluorine.

Employees in this industry might be exposed to the risk of fluorine poisoning either from exposure to the rock phosphate dust or to the gas formed by the process of disintegration. It is interesting to note that in the district where the factory is situated the windows of many of the factory buildings have become etched, probably due to the action of hydrofluorie acid.

In workers industrially exposed to fluorine the chronic effects of fluorine poisoning would most likely be shown by changes in the bones. Physical and radiographic examinations were made of six (6) men who had been employed at the factory for periods varying from thirteen to twenty-one years. There were some symptoms indicating minor disturbance of the alimentary canal, and some due to irritation of the respiratory passages, and a few complaints of muscle or joint stiffness.

Two men showed a slight reduction in the haemoglobin content of the blood, and stippled cells up to 1,250 were counted in blood films. The blood findings were otherwise within normal limits.

No pus cells, easts, albumen or sugar were found in any of the urine specimens. The centrifugal deposit from one man contained several red blood cells.

The amount of fluorine found in the urine specimens varied from 0.5 to 7.0 milligrammes per litre. Normal figures for Australia are not known, but judging by American and European standards, the amounts found in four of the specimens were high. However, increased urinary excretion of fluorine is not necessarily diagnostic of fluorine intoxication, and probably indicates no more than exposure to fluorine.

On physical examination of the six men, no abnormal changes were found in the lungs or heart, nor in the muscles or bones. One man had a full set of dentures; no mottling of the enamel was seen in the other men.

Radiographs of the chest showed slight to marked increase in linear markings, but there was no evidence of nodulation due to dust disease.

The X-rays of the pelvic bones of four men appeared normal, and in one of the others there was some early osteo-arthritis. With regard to the remaining man, the changes were sufficient to suggest the possibility of fluorine poisoning and further examinations were carried out and a re-examination made at a later date. The details of this man's industrial history and the results of radiographic and medical examinations are shown below.

He had been employed for twenty years as a charge-hand in the sulphuric acid plant of the superphosphate factory, and stated that fumes and smoke from a chimney stack in the factory were blown in through a window to the top floor of the sulphuric acid plant. (This smoke would probably have contained small amounts of fluorine.)

He had suffered from "rheumatism" of the feet and shoulders for two years, some pain in muscles and joints; periodical attacks of "bronchitis," shortness of breath on exertion, slight pain in upper part of the chest; no loss of weight; occasional nausea and vomiting; sometimes diarrhoea, at others eonstipation; tiredness, loss of energy and insomnia; no head-

The physical examination showed that he weighed 12 st. 11 lb. (partly clothed); his teeth were all artificial; no abnormality was detected in the heart and lungs; there was no pain or tenderness on palpation of bones or muscles.

His blood count was as follows:-Differential white cell count Within normal limits. Fluorine content of urine ... 0.6 mg. per litre.

The rectal examination showed that the prostate was uniformly enlarged and firm; no nodules were felt and there was no pain on palpation.

Radiographic examinations were made in 1941 and 1945, and

the findings were as follows:

27th August, 1941:

Thorax. X-ray film showed slight increase in linear fibrosis with calcification of the right hilar glands and calcified nodules towards the right base, suggesting some infection at an early stage of life, but no evidence of active tuberculosis was detected nor was there any evidence of pneumonokoniosis.

27th August, 1941:

Pelvis. The bones of the pelvis showed very unusual appearances. The ala of each ilium showed an increase in the bony trabecula with some osteo-selerosis towards the

Each wing of the sacrum showed increase in calcium deposits also.

Apart from the possibility of fluorine poisoning, the diagnosis lay between Paget's disease or secondary carcinoma from the prostate.

5th September, 1941:

The bony cranium showed no evidence of abnormality, beyond some slight increase in the posterior clinoid processes of the sella turcica.

He was not seen again until 26th November, 1945, when there was no significant change in his general physical condition. However, when the pelvis and skull were X-rayed again, the following findings were made:-

X-ray Examination of Pelvis and Bony Cranium, 27.11.45.

The condition of osteo-sclerosis seen on the film of 1941 and involving all the pelvic bones had quite considerably advanced. As well as the condition of osteo-sclerosis there was a diffuse cyst-like osteo-porosis also present. There was a little more osteo-arthritis of each hip joint than previously. No evidence of any malignant degeneration was detected.

The skull showed no apparent change since the previous

Although in this case the diagnosis of fluorosis has not been established beyond all doubt, the fact that there were no skull changes and that he was still alive and well some four years after the initial examination would seem to eliminate the other possibilities which were considered.

Silicosis Hazard From Manufacture of Ferro Alloys.

At the request of the New South Wales Industrial Commission an investigation was made into the possible silicosis hazard in a newly-established industry, namely, the manufacture of ferro-alloys, chiefly ferro-silicon (also ferro-chrome) at a large foundry in New South Wales. Ferro-silicon, which is an alloy of iron and silicon, is prepared by heating a mixture of iron oxide or iron filings, silica (quartzite) and carbon (charcoal or coke) in an electric furnace.

Carbon monoxide, which is evolved during the process, carries with it vapours of silicon and silicon dioxide (silica). Silicon vapour readily combines with the oxygen of the air to form silica which can be observed escaping from the furnace as a white smoke ("silica smoke") almost continuously, although it is most noticeable in the early part of heating the charge, when tapping the furnace, and when

A silicosis hazard arises from the vitiating of the atmosphere by this silica smoke, and in the Journal of Industrial Hygiene and Toxicology (Vol. 19, p. 155, 1937), Torsten Bruce reported cases of silicosis amongst employees engaged in the manufacture of ferro-silicon in two foundries in Sweden.

From a preliminary inspection of the New South Wales plant it appeared, on naked eye observation, that there was a gross exposure to dust and to confirm this impression, dust sampling was carried out with an Owens' Dust Counter, a Greenburg-Smith Impinger and a Thermal Precipitator. Owing to the small size of many of the particles, the first two instruments were found to be very inefficient as dust collectors. On the thermal precipitator slides only the particles greater than 1 micron in size could be counted with the oil immersion objective used. A study of the settling rates of the particles in the impinger samples showed that the size of many of the particles was well below ! micron. When pouring the charge after tapping the furnace, a large sample of dust was collected by impinger for chemical analysis, which showed that of the total dust, 73 per cent. was free silica and 11 per cent. combined silica.

The dust exposure of the various workmen at the ferrosilicon furnace was very high; the Owens' dust slides were mostly too dense to make even an approximate count. When charging the furnace the exposure of the furnacemen was shown to be, by impinger sample, 10.5, 11.4 and 24 milligrammes per cubic metre of air, but due to the inefficiency of the impinger for collecting fine dust particles, the actual exposure was greater. The thermal precipitator slide showed that the dust concentration on the platforms where the furnacemen work was many thousands of particles per cubic centimetre of air. When pouring it reached 105,000 particles per cubic centimetre; when tapping 53,000 particles per cubic centimetre; when pouring was not taking place the dust count near the usual working position was 42,000 particles per cubic centimetre.

About two months after the first investigation, dust tests were repeated and it was found that there was a big reduction in the amount of dust in the air of the furnace shed. The improvement was due to the closing in of the shed to prevent wind currents from dispersing the upwardly directed escaping gases and also to better technique in tapping the furnace. However, despite the improvements made, from the tests it was considered that all employees in the furnace shed were exposed to a silicosis hazard of the same order as stonemasons and men employed in excavating in sandstone tunuels.

By continuing alterations to the plant designed to encourage the natural tendency of the silica smoke to ascend rapidly, it was found by tests taken at intervals during the next few years that the dust exposure of workers at this plant was progressively reduced, until a little more than three years after the first examination it was concluded that there was no silicosis hazard, provided that the conditions then existing were maintained.

In addition to the examination for dust in the air, all employees in the major alloy sections were X-rayed and clinically examined within a few months of starting work, and at about yearly intervals thereafter for three years. No evidence was found from these examinations that any employee had been adversely affected as a result of his work in the ferro-alloy plant. This result was not unexpected, as the time was too short to show X-ray changes in the lungs, especially as the exposure to high concentrations of silica smoke had only lasted for a few months.

Manufacture of Brick and Roofing Tiles, and Earthenware Pipes.

At the request of the Industrial Commission an inquiry was made with respect to any health hazards, including minor conditions of ill-health, associated with the work of making bricks, roofing tiles and earthenware pipes.

Ten (10) places selected by the employees' union and six (6) nominated by the Employers' Federation were inspected. Two (2) visits were made to most of the establishments and three or four to the others. All operations from the time that the raw materials reached the factory until the particular product was completed were inspected in practically all places.

Pit work was not inspected at close range, but in places where the pit adjoined the factory the work was observed from a distance.

Where the nature and conditions of the work indicated the necessity for taking special tests, dust sampling was carried out and temperatures were recorded, but where it appeared that there was no serious exposure to dust or high temperatures, these observations were not always made. Also, in some of the yards, particularly in the smaller ones, all processes were not in operation at the time of the inspection, so that the full range of tests could not be carried out in those places.

A sample of raw material from each yard was collected and submitted to the Government Analyst for estimation of the free silica content, which was found to vary between 20 and 30 per cent.

A number of individuals in different sections of the industry 'were questioned regarding their health, the amount of time lost due to sickness and minor injuries and the cause thereof, but no medical examinations were conducted.

It should be pointed out that this investigation was made at a time when abnormal conditions existed in the industry. A number of the yards had been closed during the war years and had only recently reopened. There were many new workers, although quite a number of old employees had returned to the industry. Most of the yards inspected were not working at full capacity.

Apparently many new employees stayed only a few days or weeks at the job, for example, at one yard which had a normal working staff of forty, over sixty men had come and gone in a period of about four (4) months.

Further, the investigation was made in the summer months, and it was impossible to say definitely what the conditions would be like in winter, when temperature variations would no doubt be different, probably greater in certain places than those measured during these inspections. Also, draughts and other defective ventilaiton factors might become manifest and create uncomfortable conditions which would not be experienced in the summer.

General Conclusions.—It was not considered that, as a group, the workers in this industry would be more subject to health risks than those in other industries doing comparable work, or exposed to similar environments.

With regard to industrial diseases, the iuvestigation showed that draggers of bricks in patent kilns are exposed to a serious dust hazard, that is, the risk of pneumonokoniosis, but it was not considered that there was sufficient evidence of a dust hazard elsewhere, and there was no reason to suspect the occurrence of other diseases (not accidents) of direct occupational origin.

The work of dragging from patent kilns was considered to be the most objectionable job observed in this industry for, in addition to being associated with a proved dust hazard, the work was hot, constant and hard.

Owing to the fact that in the majority of establishments complete sickness and absence records were not kept, and to the practical and other difficulties involved in conducting a large-scale medical survey, it was not possible to show whether, in the employees of this industry, there was an undue incidence of sickness and diseases of the types which are to be found in the general population.

There were, however, certain factors in the work which may have an indirect influence on health.

Generally, for employees who work near pan mills, lofts, screens, mixers, pug mills, machines, and for those carrying out moulding and other similar manual operations, the work was not hard or heavy, and was not associated with any obvious risk to health.

In the case of pitmen, the work was heavy and they were exposed to the elements in the same way as other outdoor workers

Where the lifting or moving of heavy weights, for example, pipes and similar earthenware articles, was involved, and in wheeling operations generally, but particularly when wheeling bricks to patent kilns, for inexperienced and untrained persons the work was considered to be strenuous and perhaps harmful, but by those who were properly trained it appeared to be performed without appreciable effort.

Certain operators were exposed to high temperatures, for example, burners attending rectangular and circular kilns (these burners also experience considerable temperature changes), draggers, and to a somewhat lesser extent, setters. Other employees were at times exposed to unfavourable weather conditions such as rain, wind or radiant heat from the sun, for example, some wheelers, some machine men and pan mill attendants, and some of the burners mentioned above.

Those exposed to heat, temperature changes, or abnormal weather conditions, encountered greater risk of ill-health than the other workers; such conditions as colds and other respiratory infections or rheumatism could reasonably be expected to occur, but it was difficult to prove an undue incidence of them. For these employees, the wearing of suitable protective clothing and the avoidance of undue cooling and chilling of the body are of importance in preventing ill-health. Also, workers in hot environments would no doubt become acclimatised to the high temperatures.

It is difficult to determine the incidence of minor injuries. These, however, would be expected to occur from time to time, more particularly in new and untrained employees.

Benzol Poisoning.

In previous years serious ill-health amongst industrial workers in this State due to benzol has not come under notice. Only one case of poisoning can be called to mind—where a station hand lost his life from painting the inside of a tank with a paint containing about 30 per cent. of benzol. However, when benzol came into more common use to replace less toxic materials that were in short supply, a number of cases of poisoning was detected, chiefly in the following occupations:—

(a) Rotogravure Printing.—An important investigation was made in the rotogravure printing industry, where a particular solvent used in printing inks was replaced by benzol. Over fifty employees from two firms (the majority, however, being from one firm) were examined, and as a result of the blood examinations, it was considered that most of the workers had in some

degree been affected by benzol, although from the two firms only seven men were affected to such an extent that it was necessary for them to cease work. In both factories air tests were carried out, and it was found that in several places the concentration of benzol in the air was greater than the maximum approved concentration of 50 parts per million for the full working period. The highest concentration found was 700 parts per million.

Following the investigation and examinations of the workers, the use of benzol by these printing firms was terminated and a return made to the original solvent for which the benzol had been substituted.

- (b) Rubber Solution Manufacture.—At a factory manufacturing rubber solution from scrap rubber, benzol and resin, it was found that the concentration of benzol in the air was 1,400 parts per million. The blood count of operators was indicative of benzol poisoning, and it was recommended that they be removed from exposure to benzol. It was further recommended that a less toxic solvent be used and that the whole operation be carried out in an efficiently exhausted booth with an air velocity at the face of 200 feet per minute.
- (c) Shoe Manufacture.—Following the report that a woman aged 51 was admited to hospital with suspected benzol poisoning, an inspection was made at her former place of work, a shoe manufacturing factory. She had been engaged in the application of a benzol rubber solution to linings of leather shoes, and the work was carried out on an open bench. The highest concentration of benzol in the breathing zone of the girl carrying out this work at the time of inspection was 200 parts per million. The blood of one of the girls who had been intermittently exposed to the benzol rubber solution showed blood changes sufficient to suggest re-examination at intervals. Representations were made to the Department of Munitions to make available a non-toxic solvent to the suppliers of the rubber solution.
- (d) Rubber Glove Manufacture.—In the manufacture of rubber gloves, employees who were engaged in dipping the moulded gloves into benzol and racking them for drying were working in an atmosphere containing 150 parts per million of benzol. The factory had only been in production for a few weeks and there was no proof that any of the employees' health had been affected, but in view of the amount of vapour present in the air an exhausted booth was installed.
- (e) Removal of Paint.—Men engaged for about four hours per day removing paint from buses with a paint remover containing 15 per cent. of benzol were exposed to a concentration of 100-120 parts per million of benzol in the air.

In addition to the air tests for benzol, blood examinations were made on fifteen (15) of the men:—
Five (5) had a red cell count of 5,000,000 or

more per c.m.m.
Six (6) had a red cell count of less than 4.5 millions per c.m.m.

lions per c.m.m.
Four (4) had haemoglobin values of less than 85 per cent. (13.2 gms.).

One (1) showed leucopenia.

It was considered that the mild anaemia found in some of those examined was due to benzol, and that those persons showing pathological blood changes should be removed from further exposure to benzol. It was recommended also that the use of benzol in the paint remover under the conditions observed should be discontinued.

Arsenic Poisoning.

Seventeen (17) waterside workers who had for three days or less been engaged in loading bales of sheepskins into holds of ships showed signs of nose bleeding and irritation of the eyes, and several had rashes on the forearms. The skins had been stored for five (5) years and had been sprayed with arsenic about twice each year. Pieces of skin taken from the outside of the bales contained from 0.2 to 0.9 per cent. of arsenic and dust swept from the floor of the storage shed on the wharf was found to have 0.7 per cent. of arsenic.

Although it was clear that the symptoms of irritation complained of were due to the work of handling the arsenic treated skins, none of the men was sufficiently affected to require him to cease work. As a matter of interest, the amount of arsenic in the urine of each man was determined. The arsenic excretions varied between 0.4 and 2.2 milligrammes per litre, and were thus higher than is usually found in cases of arsenic poisoning with disability. The effects of the arsenic could

have been much reduced if the men had worn gamgee tissue masks and suitable overalls, and if proper washing and bathing facilities had been available. These precautions were recommended for future work of this type.

Dermatitis.

In addition to examinations made of men and women at work, nine hundred and thirty-two (932) persons were examined at the Division's laboratories to determine whether the skin rashes from which they were suffering were due to their occupation. Two hundred and sixty-three (263) or 28 per cent. of those examined were considered to have a dermatitis associated with their work. In the remaining cases the diagnosis was dermatitis, either not due to, or not proved due to, the occupation.

In some years about 10 per cent, of those examined were suffering from scabies and between 5 and 10 per cent. from tinea. One person who was referred to hospital for investigation was found to be suffering from leprosy. A number of the patients was referred to dermatologists for a further opinion. The cost of this service was borne by the Department.

Oil dermatitis occurred chiefly amongst machinists working on lathes in annexes. Those affected by alkalies were mostly cleaners, and in the solvent group eleven (11) were french polishers and four (4) painters. In many cases heat and humidity aggravated existing conditions rather than caused new ones, and cases of this type occurred in occupations such as textile workers, furnacemen, bakers, bakelite moulder, laundry workers. Dermatitis caused by wet conditions (water) was seen amongst hotel bar-hands, dyers, wool scourers and others. Eight (8) hairdressers had a dermatitis of the hands caused by permanent waving solutions. A number of persons suffering from bites by mites was seen, but only those examined at the Division's laboratory are shown in the table. These comprised waterside workers handling a cargo of copra, packers at a glass works and at a foundry handling straw infested with mites. The mites found in the copra included members of the Tyroglyphus genus; the straw was infested with the harvest mite (Pediculoides ventricosus).

Table IV gives the numbers of persons examined in each year, the number considered to have a dermatitis caused by or probably caused by work, and the causative agent.

TABLE IV.

	1941,	1942.	1943.	1944.	1945.	1946
Causative Agent.						
Oil Alkalies Solvents Heat and Humidity Water Permanent waving solutions Chlorinated Napthalenes Chrome salts Pyrethrum Carbolic and Creosote Wood Dust and Allergy Arsenie Flour Leather Formalin Nickel Phenol-Formaldehyde resins Para-Phenylene Diamine Sodium Sulphide Insul Wool Acid. Sugar Dyes Cauliflower Textiles Mites Cement Miscellaneous Total number affected	8 4 10 5 2	10 6 2 15 3 1 1 1 1 1 1 1 1 1 1	6 4 3 4 2 3 1 2 2 3 3 1 1 1 1 1 1 5 7 3 17 65	7 2 4 4 3 1 1 2 2 2	3 3 5 1 2 1 1 2 1 1 1 1 1	3 5 4
Total number examined	71	134	197	232	160	138

Only two cases of dermatitis are shown for chlorinated naphthalenes but, in addition, four cases were seen during an investigation of the hazard from using chlorinated naphthalene waxes in plating shops. A brief report on this investigation follows:—

Dermatitis and Jaundice from Chlorinated Naphthalene Wax.—Early in 1944 three employees in the chromium plating section of an electro-plating works were found to have a dermatitis of the face, neck, forearms and axillae, which, from the industrial history of the men, appeared to have been caused by the fumes from a wax which was used as a "stopping off" agent in preventing the deposition of chromic acid on parts of articles being plated. A fourth employee was said to have a similar type of rash, but he was absent from work when the inspection was made.

Inquiries revealed that the wax which was sold under the name of "See Kay" Wax, was a chlorinated naphthalene, one of a group of compounds well known to cause more or less severe chronic dermatitis which may be slow to clear up, as well as acute yellow atrophy of the liver.

When it was found that this wax had been widely distributed to plating shops, inspections were made of twenty-seven factories which had received supplies. Of these, twelve (12) had either not used it, or had discontinued its use. At the other factories, it was being used intermittently and for relatively brief periods of time. In practice, the wax was melted in an open container and none had efficient mechanical exhaust ventilation for removing the fumes from the molten wax.

Two additional cases of acneiform dermatitis were seen during this investigation, both from the one factory. At another factory the foreman in the chromium-plating section was affected by jaundice and was admitted to hospital for treatment.

Although no fatalities occurred in this State, the industrial literature contains many reports of deaths amongst workers who have been exposed to the chlorinated naphthalene waxes, often only for a few weeks, and in 1944 information was received that a man who had been handling "See Kay" wax in an army workshop in Victoria had died from acute yellow atrophy of the liver.

The following action was taken:-

- 1. The Commonwealth Government was asked to permit the importation of non-toxic substitutes.
- 2. Until such time as suitable substitutes were available, it was recommended to the Department of Labour and Industry that chlorinated naphthalene waxes should only be used where special preventive measures, as recommended by this Divisiou, were provided.

Dermatitis from Fulminate of Mercury.—An investigation was carried out to aid in determining the cause of an outbreak of dermatitis of the face, neck, back and forearms, associated with conjunctivitis, in a Victorian munitions plant eugaged in manufacturing percussion caps, using a mixture consisting of mercury fulminate, antimony sulphide, potassium chloride, sulphur and gunpowder.

As mercury fulminate was the most likely cause of the trouble, special consideration was given to the estimation of the amount of this compound in the positions tested. It was found that the amount of fulminate in the air was not large in any position; the highest concentration of 0.2 milligrammes per cubic metre of air was found near a cupboard where loose material was blown with an air blast from trays containing the caps. It was amongst workers at this cupboard that the majority of cases of dermatitis had occurred.

Other factors in producing the dermatitis and eye irritation were that the overalls on which an appreciable deposit of dust settled were not regularly cleaned, and the habit of rubbing the face with dusty hands.

Dermatitis from Hexamethylene Tetramine.—An outbreak of dermatitis in a factory where synthetic resins of the phenol formaldehyde type were being manufactured was considered to be due to hexamethylene tetramine, which was used as an accelerator.

Other Investigations.

A large number of additional inquiries were made into complaints of unsatisfactory working conditions, such as bad ventilation, dangers of poisoning by toxic materials, and although many of these reports are of interest, it has not been practicable to summarise them for inclusion in this report.

SECTION II.

MEDICAL OFFICERS OF HEALTH.

METROPOLITAN COMBINED SANITARY DISTRICT OF SYDNEY.

REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE YEARS 1941-1946.

J. GRAHAME DREW, M.A., M.B., B.Ch. (Camb.), M.R.C.S. (Eng.), L.R.C.P. (Lond.), D.P.H., D.T.M., D.T.H. (Syd), F.R.San.I.

To the Director-General of Public Health, Sir,

I have the honour to present my report on the health conditions of the Metropolitan Area of Sydney for the years 1941-1946.

	1941.	1942.	
Population	1,423,810 1941.	1,469,930 1945.	
Live Births Ex-Nuptial Birth rate Still births Ex-Nuptial Deaths Deaths under 1 year	23,931 960 16·33 693 35 15,278 1,007	31,629 1,493 782 46 15,398	Progressive yearly rise. Progressive rise since 1936 (13.63) Slight increase in interven ing years. Reduction
Still births per cent of all births	2.81	1944. 2·43	Progressive decline since 1936 (3.21)

Com	parative	Death	Statistics.
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Causes of Death.		1945
Diseases of the Heart	4.821 (rate per million 3,427.83) 1.889 ,, ,, ,, 1,343.12)	$5,\!164$ $2,\!050$
Intracanial lesions of Vascular Origin	1·459 (,, ,, ,, 1,037·38) 755 (,, ,, ,, 536·82) 655 (,, ,, ,, 465·72)	1,783 759 577

	1	941.	1945.		
Pucrperal Causes.	No. of Deaths	Rate per 1,000 Live Births.	No. of Deaths.	Rate per 1,000 Live Births.	
Pucrperal Causes including Criminal Abortion Criminal Abortion Puerperal causes excluding Criminal abortion Puerperal Septicaemia (including Post abortive sepsis) *Puerperal Thrombophlebitis, Embolism and Sudden Death	$\begin{array}{c} 91 \\ 21 \end{array}$	3.80 .88 2.92 .46	63 15 48 7	1·99 ·47 1·52 ·22	
ism and Sudden Death Total Puerperal infection	21	.88	11	•35	

* Under revised classification introduced in 1940 these conditions are included in "Puerperal Infections".

Full statistics are not available for the years following 1941.

It is apparent that there has been a steady increase in population with a consequent rise in the birth rate.

The increase in ex-nuptial births no doubt reflects the influence of war-time. The still birth rate presents a steady decline and must reflect the greater attention being paid to prenatal care.

Similarly the decline in infant mortality should encourage the State towards redoubling the Specialist and Baby Health Centre activities associated with the post-natal period. I have no doubt that the toll of infant mortality would still be decreased if greater attention could be paid to the living conditions of our people by regular house to house inspections by municipal health inspectors. In this connection I hope that the time is not far distant when homes will be visited by Lady Health Visitors. They have proved their worth in England where in twenty-five years the sacrifice of infant life has been reduced about 50 per cent.

"The Health Visitor is primarily a health teacher and mother's advisor. She is also a social investigator, research worker and interpreter. Through her contacts with the family, the Health Visitor is the medium whereby the results of scientific investigation and legal enactments affecting the health and welfare of the family are conveyed to the general public."—J. McKinlay Calder.

In September, 1944, the Minister of Health, the Hon. C. A. Kelly, M.L.A., addressed a conference of Metropolitan Mayors, Town Clerks and Health Inspectors convened for the purpose of emphasising the need for considerable augmentation of tho

staffs of Municipal Health Departments. The parlous state into which housing of the people had fallen before and during the war years necessitates the enforcement of the first principle of a health inspector's duty, viz., house to house inspection.

The disordered state of countries to the north of Australia further requires that rat control campaigns should be prosecuted with the utmost vigour if diseases of which the rat is the reservoir are to be kept out of the country. The increase in the number of endemic tropical typhus (urban) cases presented an important pointer to this need. Many of our servicemen had suffered acutely from endemic tropical typhus fever (scrub) in New Guinea and elsewhere to the north, and during the years under review many instances of infestation of premises with rat mites were brought to the notice of this division. It was deemed, therefore, to be not improbable that the scrub variety might yet be introduced into the Metropolitan Area. Support for this thesis is presented by the occurrence of five or eight cases of Malaria de novo in several municipalities for which there is strong evidence that Anopheles annulipes was the vector. Hithertofore it had been held that this mosquito was of no public health significance.

Greater attention must also be paid to the breeding of flies. In 1945 an epidemic of gastro-enteritis swept through the component municipalities. Every endeavour was made to isolate the infecting organism with incomplete success. It would appear, however, that it was closely allied to a coliform organism of the Morgan type.

In the campaign against flies very close attention has been paid to municipal methods of garbage and nightsoil disposal.

I am not satisfied in many instances with the condition of garbage tips, as the principle of controlled tipping is not adequately enforced in the complete covering of all deposited garbage with at least six inches of clean covering material at the end of each day's operations, thus producing completely enclosed cells of garbage where the heat caused by fermentation is effective in destroying larval life. Rats, too, will not burrow deeply, their burrows can be easily seen and easily fumigated with cyanogas, etc.

It is regrettable to state that a successful prosecution was lodged against the Municipality of St. Peters for contravention of Ordinance 51, Local Government Act, in this regard. The fact that the matter was treated lightly is possibly a sign of the times, but it represents a complete disregard for the welfare of the community and the state of the Public Health.

Housing.—Close attention has been given to the Government's Re-housing Programme as directed by the Housing Commission. From long experience of the unsewered areas of the Metropolitan Area, it was realized that one of the greatest problems to be solved would be the sanitary disposal of household drainage. The area is mainly composed of clay with little or no qualities for the absorption of drainage. Such a device as an absorption trench in the small curtilage of surburban homes is conspicuous by its failure to absorb. Such devices really become holding tanks and in time overflow. The custom then is to run an overflow pipe into the street gutters which in the majority of instances are of earth and unformed. Here the drainage water stagnates with the production of noxious insanitary conditions, together with excellent sources for the breeding of mosquitoes. Kerbing and guttering may remove the drainage from the proximity of homes but only to run to some other place where it again stagnates.

Early during the period under review efforts were made to advise the Housing Commission on the choice of suitable sites for Housing Estates with little success. Problems were also frequently discussed with the President of the Metropolitan Water, Sewerage and Drainage Board, who gave the greatest co-operation possible. As a result, sewerage facilities were extended to several new estates at the cost of depriving several other localities of such services, although they had been on the waiting list for several years. To try to obviate many of these troubles the President had a map prepared in which was illustrated suitable building lots which already enjoyed sewerage facilities, in the hope that these sites would be chosen to advance the schemes of the Housing Commission but with little result, and to-day a public health problem of the first magnitude now exists which is daily brought to the notice of the Health Department by residents of these new homes demanding that something should be done to eliminate the insanitary conditions prevailing in the housing estates. The only solution lies in the provision of sewers which the Metropolitan Water, Sewerage and Drainage Board would be glad to construct if men and materials were available.

Swimming Pools.—Regular inspections of swimming pools have been made, together with analyses of the waters. Where there is provision for chlerination and filtration, analyses have

been good, but various harbour pools have shown signs of pollution, especially after rainy weather. The Wooloomooloo baths have often shown signs of being polluted with organisms of faecal origin.

There is no doubt that as the times become more settled, close attention will be required towards the construction of modern pools fitted with filtration and chlorination purification apparatus.

Nightsoil and Garbage Services.—I am of the opinion, greatly strengthened by post-war conditions, that the time is long overdue for councils to operate these services through the medium

of their own employees under the direction of the Chief Health Inspectors. By so doing many of the difficulties encountered in the contract system should disappear.

This opinion is borne out by the successes achieved by those councils which operate these essential services as a municipal undertaking in contra-distinction to the many breakdowns reported to this department by irate ratepayers serviced by the contract system. It might be noted that the men so employed by councils would come under the superannuation system which would help in maintaining staffs contented and so produce a measure of permanency among them.

Infectious Diseases.

Year.	Typh Fev		Scarle Fev		Dipht	heria	Infar Para		Cerebro Menir		Encep Letha	halitis rgica.	Und Fe	ulant ver.	Typ: Fev	
	С.	D.	C.	D.	С.	D.	C.	D.	С.	D.	C.	D.	C.	D.	C.	D.
1941 1942 1943 1944 1945 1946	10 12 11 16 11 6	2 * 3 * *	1,964 847 2,419 3,296 3,542 1,758	2 * 3 * *	1,299 708 1,204 717 626 414	44 * 49 * *	58 23 10 10 399 453	5 * * * *	257 502 218 93 62 54	51 * 46 * *	3 2 6 2 2	2 * 2 * *	 1 1 2 	** ** ** **	$\begin{bmatrix} & 6 & \\ 4 & \\ 10 & \\ 25 & \\ 16 & \\ 34 & \\ \end{bmatrix}$	*****

^{*} Figures from Government Statistician not available.

Typhoid Fever.—The incidence of this disease has remained fairly constant. All cases have been of a sporadic nature. It is significant that the sources of infection in three instances were in three grandmothers who had suffered from the disease in their early married life. I would advise that people, especially women, who have suffered an attack of typhoid fever, should apply to the department for a routine test from time to time so that their freedom from carrying the germs could be established.

Scarlet Fever.—The period under review has been marked by a recrudescence of scarlet fever in epidemic form. Fortunately the disease has been mild, only five deaths having been recorded. Parents of children suffering from an attack, no matter how mild, are asked to co-operate fully with health officers in their isolation requirements.

Diphtheria.—This disease is marked by a steady decline in incidence. There is no doubt that immunization is the influence which has brought about this happy result. Parents should note, however, that if there is any falling away in attendances of children as they reach their first birthday, a serious epidemic will result. This was the case early in 1943 when, as a result of the reduction in the number of cases recorded in 1942, apathy set in, the clinics were deserted and the disease immediately flared up again with forty-nine deaths. Immediate measures were taken to widely broadcast the dangerous situation into which we were again drifting—the clinics were rushed and the disease died down. Since then the decline has been steady and no deaths have been recorded.

Anterior Poliomyelitis or Infantile Paralysis.—The disease again became apparent in 1945-46. Too much emphasis cannot be placed on the fact that the disease can be highly generalized throughout the community and that all infected persons do not suffer from the third phase—paralysis. fact the converse holds good in that only a small proportion so suffer and even then with expert medical attention the chances of complete recovery are good. The disease is spread in the fine spray which emanates from the mouth in sneezing, coughing and kissing, and in the bowel discharges. It is a disease of crowds, and badly ventilated places. Fresh air, sunshine, avoidance of fatigue and clean personal habits are its enemies. It has been noted in many instances that those who suffer from a paralytic attack have indulged in strenuous exercise in the early stages of the infection. People, especially parents in regard to their children, when the disease is epidemic, are urged to refrain from passing on their saliva to others, to attend to personal hygiene, ventilation and sanitation, to avoid crowds, to ensure adequate rest periods, to go to bed if an attack of fever become apparent, and lastly to seek medical advice.

Cerebro-spinal Meningitis.—The early war years were marked as was to be expected by outbreaks of the disease. The rules for infantile paralysis in the main apply to this disease and its control.

Typhus Fever.—There has been a tendency for an increased number of cases to occur. In every instance rats have been found to be prevalent at some location where the patient lived or worked. In one or two instances, cases have recurred and the potential source of infection traced to a common

location. A most vigorous campaign for the eradication of rats has been maintained and every effort has been made to influence municipal councils to do their duty in this regard.

Health Education.—During the period under review, the celebration of Health Week has been maintained annually in the metropolitan area. Special themes were chosen for each year such as 1940: "Now more than ever Fitness," 1941: "Your Health is the Nation's Strength," 1942: "For Health and Humanity," 1943: "Hope. The Ideal—Home, Health, Happiness," 1944: "Health in Industry Hastens Victory," 1945: "Health and Rehabilitation," 1946: "Health Will Conquer Disease."

In 1945-46 the Health Education Vote for the Department was increased to £25,000 and in 1946-47 to £32,000. This enabled the Department to issue a vast amount of informative material on health and disease. Press, radio, cinema, posters and public meetings were all utilized, culminating in a graphic presentation in modern fashion of the activities of the Health Department which was shown at the Town Hall, Sydney, towards the end of 1946. In addition, a pavilion for the picterial demonstration of venereal disease was also erected. They were eminently successful as large crowds of people viewed them with great interest and attention.

From the immense amount of correspondence received by the Division of Publicity and by the increase in attendance at the Divisions of Tuberculosis and Social Hygiene, it can be categorically stated that the vigorous propaganda health campaign was a great success.

In conclusion I desire to thank the health officers of the municipalities which go to make up the metropolitan area for their loyal co-operation during a very difficult period. In many instances, shorthanded and faced with innumerable "controls," they put up a good fight. I trust in the years ahead elected members of councils will realise the value of their respective Health Departments and will do all that is possible to raise these Departments to the standard which they fully merit by increasing staffs in conformity with the size of the respective populations and housing them in offices worthy of the name of Health Department.

J. GRAHAME DREW

Metropolitan Medical Officer of Health.

HUNTER RIVER COMBINED SANITARY DISTRICT.

REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE YEARS 1941-1946, INCLUSIVE.

Staff.

The staff of the office comprised Medical Officer of Health (Dr. J. R. Shannon), Senior Health Inspector (Mr. A. J. Guy), Supervisory Nurse (Miss T. Bain), and Office Assistant (Miss E. Paterson).

Dr. Van Someren was appointed Acting Medical Officer of Health for the period December, 1941, to December, 1942, vice Dr. J. R. Shannon who was on active service.

Epidemiological.

Typhoid Fever:

1941—11 cases 1942—7 cases 1943—nil. 1944— 2 cases 1945—2 cases 1946—3 cases.

In 1944 the cases notified were sporadic, occurring in six different local government areas. In 1942 six of the seven cases were in the Greater Newcastle area and three of them in Merewether. During the previous five years two or three cases were reported in the Adamstown-Merevether area, yet no evidence was found to point to a carrier that could be identified. In 1943 for the first time in the history of the Hunter district no case of typhoid was notified. The 1944 cases occurred at Hinton—three; and Newcastle—one. At Hinton one notified case led officers of this Department to locate two other cases which were in Maitland Hospital suffering from "influenza."

Diphtheria.—The worst year in the series 1941-46 from an epidemic viewpoint was 1941 when 471 cases with 22 deaths occurred. This sudden increase, from 166 in the previous year, was due largely to the failure to immunise. The lowest figures for immunisation were 1940 (2,023) and 1941 (1,970).

After 1941 the notification remained at about 100 per annum, but in 1945 there was a considerable increase in case mortality. This rose to one in twelve, compared with one in seventy-eight in 1936, for example. Case histories at Newcastle Hospital confirmed this increase of virulence, several of the patients being of the fulminant laryngeal types.

In 1946 the virulence of the disease was still very high, the case mortality being one in twenty-one.

Scarlet Fever.—During the years 1943, 1944, 1945, scarlet fever became epidemic. The peak of the epidemic was in 1945 with 694 notifications. Mortality was nil. In 1946 the notifications had fallen to 141 and there was one death. An outbreak of a virulent type of scarlet fever occurred at a mental hospital in 1943. Thirty-three of the inmates contracted the disease and of these eight died. Factors contributing to the high mortality rate were, in addition to the virulence of the organism, overcrowding, poor methods of ward cleaning, and the difficulties incidental to the handling of debilitated mental cases.

Infantile Paralysis.—No case occurred in the period under review, till 1943, when there was one notification. In 1944 there was one case. In 1945 the disease became epidemic with twenty-eight cases, and in 1946, nineteen cases. The previous wave of this disease was in 1938, when sixty-two cases were notified.

Cerebro-spinal Meningitis.—Figures remained high for 1941—forty-one cases and eight deaths; 1942—forty-five cases and fifteen deaths; 1943—thirty-two cases and ten deaths. In 1944 the notifications dropped to six, in 1945 to thirteen cases, and in 1946 to nine cases. This rise and fall in incidence conformed with the concentration of troops in the area. The death rate with the new sulphanamide treatment approximated that experienced during the same period in England.

An outbreak of cerebro-spinal meningitis at Dungog is worthy of comment. During the periods July, 1942, to September, 1944, five young children died from cerebro-spinal meningitis. The outbreak of the disease coincided with the general increase of the incidence in the Hunter Valley and was in turn correlated with the rise of troop concentrations in the district.

Dengue Fever.—In February, 1943, dengue fever became epidemic at Dudley, Belmont and Singleton, and in outlying districts infection was very widespread. Some cases occurred in the Greater Newcastle area. A controversy was started in the press as to whether Aedes aegypti occurred in the Greater Newcastle area. This question was settled by officers of this department, who took specimens of Aedes aegypti at various points, including council property at Stockton. The specimens were classified at the School of Public Health, University of Sydney.

General.

Midwifery and Infant Welfare.—In 1944 various public bodies, stimulated by the inadequacy of the midwifery services in the district, met at the City Hall to urge the building of a public midwifery section at the Newcastle Hospital. By the end of 1946 considerable progress had been made in the building of the new midwifery wing at the hospital.

A movement to found a Tresillian Mothercraft Training Home in the Hunter district was also given much support, though no tangible results had been attained in this project by December, 1946.

Housing Projects.—In 1944 a new housing project was inaugurated at Wallsend by the Housing Commission. The design of houses to be erected was much superior to the wartime housing designs at Homesville, Maitland.

Special Activities During War Years.—The officers of this branch formed part of the National Emergency Services and Civilian Aid Services and in that capacity undertook organisation of medical and hospital co-ordination and training of emergency staff for this purpose.

Concerning civilian aid services, departmental officers occupied executive positions, the Senior Health Inspector being responsible for housing and billeting of displaced persons. A survey was made of halls in the district for the purpose of estimating their value as temporary shelters, aid posts, etc. The services of the Medical Officer of Health, Senior Health Inspector and Supervisory Nurse were in constant demand concerning the training of civilian groups associated with the emergency services.

Under the guidance of the Senior Health Inspector, municipal and shire public health services were co-ordinated and a plan prepared whereby the whole of public health personnel and plant and equipment used in such services could, if called upon, be directed to any particular area. Realizing that in the event of invasion mass evacuation by the public may occur, a close survey was made of routes which would be open to the public, water bearing points were noted, the quality of the water and treatment of such determined. Temporary rest sites and those affording protection were plotted. Health officers and assistants equipped with tools and emergency equipment were allotted areas of patrol, and, had the need arisen, would have provided for the comfort of evacuees.

The value of this organisation was proved when, due to various difficulties, the council was advised by its nightsoil removal contractor that he could not carry on. Another contractor was found to be available provided plant could be obtained. Within twenty-four hours all necessary plant was made available on loan and the service continued without interruption.

During war years, Newcastle was the centre of a vast military establishment; a considerable number of troops stationed in, and adjacent to, the source of the city water supply.

In conjunction with Lieutenant Beasley, the Senior Health Inspector arranged for removal of refuse by a number of farmers who utilized the waste for the purpose of pig feeding, thus combining camp sanitation with production of a food commodity in short supply. By zoning the area into waste removal districts it became possible to assure camp cleansing and in the event of any one trader deciding to discontinue, the trader was available to render the service from an adjoining district.

The fact that the Hunter River district is within the dengue fever area was brought under notice of the respective councils, and a warning issued that an epidemic of that disease was imminent. The Council of the City of Greater Newcastle organised an intensive mosquito eradication campaign, and in this regard was greatly assisted by a staff of observers loaned for that purpose by the military authorities. A house-to-house survey was completed, resulting in a thorough cleansing of the city and suburbs, removal of numerous defective rainwater tanks and mosquito proofing of those that remained. One of the council's officers was detailed to concentrate on mosquito eradication measures, and as a result of liberation of fish, oil spraying, and other general measures, the major part of the city of Greater Newcastle enjoyed, for probably the first time in its history, almost complete freedom from mosquitoes. A few isolated cases of dengue fever did occur, however, the work which had been done no doubt prevented a major outbreak.

Absence of Medical Officer of Health on Military Duties.—During the latter part of 1940, and for the major part of 1941, the Medical Officer of Health, Dr. J. R. Shannon, was serving with the 1st Cavalry Division of the A.I.F.

For approximately eleven months of his absence this office was without the services of a medical officer of health.

During this period, Dr. Van Someren, who was then attached to Head Office Staff, made periodical visits for the purpose of making medical examinations, and in March of 1941, commenced duties at Newcastle, as Acting Medical Officer of Health.

December, 1940, the Deputy Director-General of Public Health, Dr. H. G. Wallace, visited Newcastle for the purpose of appraising the situation in regard to this Department's activities concerning emergency services, and in the capacity of Director of Emergency Medical and Hospital Services remained in this district for about three months.

For a short period Dr. Wallace was assisted by Dr. B. R. Overend and an officer loaned by the Hospitals Commission.

Venereal Disease Control.—Police Inspector (now Superatendent) Blakely was directed to inquire into and report on measures considered desirable towards checking the spread of venereal disease.

*97811—11

Subsequent to a conference with Senior Inspector Guy, a regulation was issued under the National Security Act which enabled the Commissioner, under the Venereal Diseases Act, to require any person suspected of having been exposed to infection to undergo medical examination.

As a result of this power and the co-operation of the military authorities, it is felt that the incidence of venereal disease infection in this district was reduced to a minimum. During this period defaulters from treatment were prosecuted.

General Sanitation.—Constant supervision of the district was maintained and despite shortages of materials and labour during these years improvement has been achieved and local government health inspectional services increased. Extensions to nightsoil removal services and introduction of a new service was obtained and, in addition, two new garbage scavenging districts declared.

Increased building activity following cessation of war, has resulted in greater need for attention to areas of unhealthy building land, and the erection of buildings beyond the boundaries of sewered areas has resulted in an increase in proposals to install septic tanks.

Rationing of meat resulted in the establishment of new undertakings for the supply of meat for dog food. To offset loss of trade it appeared that some butchers were obtaining supplies of meat for dog food from irregular sources. Following investigations, one butcher was prosecuted for selling meat, which was not intended for human consumption. From all appearances the meat was obtained from knackery premises, and was the flesh of cracker cattle. As a result of this prosecution, the practice appears to have ceased.

Health Publicity.—During these years, health publicity related to problems peculiar to the times and regardless of difficulties and pressure of work, the annual health week campaigns continued.

It is felt that during war years the public were prepared to accept and act on advice, and were more co-operative than in previous years.

Prior to the outbreak of war, the subject, venereal disease, could hardly be discussed in the open; however, to-day the public are more fully informed, and constant requests have been made for delivery of addresses and screenings of films on venereal disease. The Health Weck Committee extended its activities in the direction of visual education, making use of 35 mm. and 16 mm. films. This form of publicity is proving popular and enables a more vivid description to be given than is possible by an oral address. Organised groups are constantly seeking the services of this Department, and members of the Health Week Committee and in particular request that a screening of films be arranged. To comply with these requests the officers concerned are obliged to forego their evening leisure.

Tuberculosis Division.

NEWCASTLE CHEST AND THROAT CLINIC AND DISPENSARY.

	1945.	1946.
1. Total number of Attendances, Including Contacts 2. Number of New Patients (excluding contacts) examined during the year as above— (a) Definitely Tuberculous (b) Non-Tuberculous (c) Diagnosis not complete 3. Number of Contacts examined during the year (a) Definitely Tuberculous (b) Non-Tuberculous (c) Diagnosis not complete 4. Total number of Nurses Visits during the year 5. Number of homes visited during the year 6. Number of Sputum examinations 7. Number of X-ray examinations (a) New Cases (b) Cases previously X-rayed at Clinic (c) Contacts 8. Number of Cases on Clinic Register, 30th June, 1946	8,627 983 91 892 243 6 237 644 410 408 1,872 983 306 583 1,920	9,410 1,004 882 122 300 3 297 740 450 424 2,296 1,280 390 626 2,231

TABLE COMPARING THE WORK OF THE CHEST CLINIC IN THE YEARS 1941 AND 1946.

1941.		1946.				
Attendances	4,390	Attendances 9,410				
New Cases	533	New Cases				
Positive Tubereular	70	Positive Tubereular 135				

BROKEN HILL AND DISTRICT.

SUMMARISED REPORT OF THE MEDICAL OFFICER OF HEALTH, FOR THE YEARS 1941-1946.

The population of the Broken Hill Municipal District during the period under review is revealed in the following table:—

TABLE A.

1941.	1942.	1943.	1944.	1945.	1946.
25,585	25,233	25,075	25,805	27,437	27,600

The deaths for the period under review are shown in the following table:—

TABLE B.

Year.	Males.	Females.	Total.	
1941	159	89	248	
1942	151	114	265	
1943	148	105	253	
1944	150	123	273	
1945	161	99	260	
1946	137	95	235	

The following table (C) reveals the number of births during the period under review.

TABLE C.

Year.	Males.	Females.	Total.	
1941	319	285	604	
1942	329	274	603	
1943	297	304	601	
1944	262	268	530	
1945	296	295	591	
1946	371	372	743	

Infectious Diseases.—The incidence of notifiable infectious diseases in the Broken Hill Municipal District was as follows:—

TABLE D.

Disease.	1941.	1942.	1943.	1944.	1945.	1946.
Typhoid and Paratyphoid Scarlet Fever Diphtheria Meningococcal Meningitis Infantile Paralysis	2 45 (1 N.I.) 42 7 (2 N.I.)	3 (2 N.I.) 10 27 21 (2 N.I.)	2 90 18 3 	63 (1 N.I.) 9 	2 44 34 1	27 (1 N.I.) 91 (1 N.I.) 1 3

The only notifiable infectious diseases of any frequency were scarlet fever and diphtheria. The twenty-one cases of meningococcal meningitis during 1942 occurred at irregular intervals throughout that year, and the three cases of infantile paralysis during 1946 were notified in the month of January.

General.—The aboriginal station at Menindee was visited at intervals during the period under review. The general health of the inhabitants was satisfactory. When necessary cases of illness from the station were admitted to the Broken Hill and District Hospital for observation and treatment.

In December, 1941, Mantoux tests were performed on 108 inhabitants of the camp at the aboriginal station, Menindee, and of these nineteen only gave a positive reaction. The results indicated chiefly a family and not a general tuberculous infection among the inhabitants, and confirmed the absence of any immune response to tuberculosis infection which has frequently been noted when cases of tuberculosis have occurred among the aboriginals.

An anti-tuberculosis clinic was commenced in Broken Hill in June, 1941, and is justifying its existence. A great number of contacts of known positive cases of tuberculosis have been investigated, and regular re-examinations of child contacts are being carried out. All doctors practising in the town submit cases for investigation.

The following table reveals the number of cases investigated during the period under review:—

TABLE E.

Year.	New Cases.	Total Number of Attendances.
1941	369	846
1942	118	601
1943	134	676
1944	128	812
1945	78	819
1946	79	692

The number of examinations conducted at the State Laboratory during the years under review was as follows:—

TABLE F.

Year.	Bio- chemical Tests.	Bacterio- logical Examina- tions.	Haemo- tological Examina- tions.	Histo- patho- logical Examina- tions.	Serological Specimens Sent to Sydney.	Total.
1941	2,033	4,816	2,501	150	259	9,739
*1942	2,096	3,743	2,841	120	227	9,027
1943	3,024	3,283	3,939	124	172	10,542
1944	2,768	2,702	4,301	117	154	10,042
1945	2,754	3,201	4,737	101	144	10,937
1946	2,769	3,856	4,695	150	302	11,752

* Comparatively few throat swabbings were examined during this period, and this accounts for the decrease in the figures of bacteriological examinations. The increase, however, of 400 in biochemical an haemotological examinations was a considerable one, and, from the point of view of the work required, far outweighed that required in performing throat swabbing examinations.

In February, 1947, this laboratory was handed over, together with its equipment, to the control of the Broken Hill and District Hospital.

Dr. W. E. George, Medical Officer of Health, was absent from Broken Hill from April to July, 1946, on a visit to Canada and the United States of America to investigate, at the request of the Commonwealth and State Governments, the use of aluminium in the prevention and treatment of silicosis.

A report of his investigations and conclusions was published in the New South Wales *Industrial Gazette* of September, 1946.

SECTION III.

HOSPITALS AND INSTITUTIONS.

REPORT UPON THE STATE HOSPITALS UNDER THE CONTROL OF THE DIRECTOR-GENERAL OF PUBLIC HEALTH FOR THE YEARS 1941-1946, INCLUSIVE.

WATERFALL SANATORIUM.

Annual Report, 1941.

			•		
1.	(a)	Number of beds availa	able on 3	1st December	er, 1941:—
			Male.	Female.	Total.
		Patients	999	176	468
		Working inmates	129	19	148
		Working inmates	120	10	
		1	Patients.	Workers.	Total.
	(b)	Remaining in on 31st			
	()	December, 1940 .	391	138	529
		Admitted during 1941	478	637	1,115
		Total treated during			•
		1941	869	775	1,644
		Number discharged .	374	643	1,017
		Number died	58	2	60
		Remaining in on 31st	0.0	_	
		December, 1940.	391	138	529
		Average daily number	001	100	V=0
		resident	421	133	554
		Average residence of			
		475.	Gischarg	cu patients	III days
		Total cost of mainter		1 trantmont	of indoor
			iance and	a treatment	or maoor
		patients, £39,197.			t ->
		Average cost of patie	nts per a	annum (cos	r per oecu-

(c) Outpatients. Number of individuals who received treatment—90. Total number of attendances—93.

pied bed), £91 1s. 10d.

2. Staff at 31st December, 1941.

Honorary medical officers	2
Salaries and Wages Staff.	
Management and clerical	
Medical officers	4
Nursing staff	
Domestic staff	
Maintenance staff	
Special departments	2
Other	27

ANNUAL REPORT, 1942.

1.	(a)	Number	10	beds	avallable	011	31st	Decembe	r, 1942:—
					Ma	le.	$F\epsilon$	emale.	Total.

	HI WIV.	L'Umate.	I out.
Patients	270	159	429
Working inmates	129	19	148
	Patients.	Workers.	Total.
(b) Remaining in on 31s	st		
December, 1941		130	567
Admitted during 194		629	1,033
Total treated durin	g		,
1942	. 841	759	1,600
Number discharged		657	1,027
Number died	. 52	2	$^{'}$ 54
Remaining in on 31s	st		
December, 194	2 419	100	519
Average daily num			
ber resident	. 424.6	111.4	536
Average residence o			in days—
362.	0	*	
Total cost of maint	enance an	d treatment	of indoor
patients—£39,28			
Average cost of pat			t per occu-

pied bed)—£92 12s. 7d. (c) Outpatients. Number of individuals who received treatment-47.

Total number of attendances—50.

2. Staff at 31st December, 1942

at at bist December, 1942.	
Honorary medical officers	}
ottailes and wages otali.	
Management and clerical	}
Modical officers	
Medical officers	
Nursing staff)
Domestic staff	
Maintenance 5	
Special departments 3	3
Other 27	7
	-
Total 79)

ANNUAL REPORT, 1943.

Patie	ents	I ale. H 292	Temale. 176	Total.
	·	Patients.	Workers.	Total.
(h)	Remaining in on 31st	2 0000000		
(~)	December, 1942	419	100	519
	Admitted during 1943	271	5 35	806
	Total treated during			
	1943	690	635	1,325
	Number discharged	276	532	808
	Number died	43	1	44
	Remaining in on 31st			
	December, 1943	371	1 02	473
	Average daily number			
	resident		102	47 2
	Average residence of 435.	discharged	patients	in days,
	Total cost of maintena		eatment o	of indoor
	natients £54 841 10	De 97		

patients, £54,841 10s. 9d. Average cost of patients per annum (cost per occupied bed), £148 14s. 5d.

(c) Outpatients.—Number of individuals who received treatment, 45; total number of attendances, 50.

2. Staff at 31st December, 1943:— Honorary medical officers, 3.

Salaries and Wages Staff—Management and clerical, 3; medical officers, 5; nursing staff, 43; domestic staff, 11; maintenance staff, 5; special departments, 3; other, 21.

ANNUAL REPORT, 1944.

(a) Number of beds availab			
<u> 1</u>	Lale.	Female.	Total.
Patients	292	176	468
	129	1 9	148
	Patients.	Workers.	Total.
(b) Remaining in on 31st			
December, 1943	371	102	473
Admitted during 1944		546	809
Total treated during			
1944		648	1,282
Number discharged .		531	779
Number died			53
Remaining in on 31st			
December, 1944 .		117	450
Average daily number			
resident		107	463.5
Average residence of		d patients	in days
515.5.		•	
Total cost of maintena	ance and	treatment o	of indoor

patients, £55,516 7s. 4d. Average cost of patients per annum (cost per occupied bed), £155 15s. 6d.

(c) Outpatients.—Number of individuals who received treatment, 70; total number of attendances, 75.

2. Staff at 31st December, 1944:—

Honorary medical officers, 3. Salaries and Wages Staff.—Management and clerical, 3; medical officers, 5; nursing staff, 28; domestic staff, 5; maintenance staff, 5; special departments, 3; other, 34.

ANNUAL REPORT, 1945.

1. (a) Number of beds available on 31st December, 1945:—

Patients Working inmates .	Male. 292 129	Female. 176 19	Total. 468 148
e e	Patients.	Workers.	Total.
(b) Remaining in on 31	lst		
December, 1944	333	117	450
Admitted during 1945	150	468	618
Total treated during	ng		
1945	483	585	1,068
Number died	32	2	34
Number discharged	180	474	654
Remaining in on 31			
December, 1945		109	380
Average daily number	ber		
resident	319.5	106.5	426
Average residence o 540.	f discharge		in days,

Total cost of maintenance and treatment of indoor

patients, £57,695 4s. 4d. Average cost of patients per annum (cost per occupied bed), £180 11s. 7d.

- (c) Outpatients.—Number of individuals who received treatment, 113; total number of attendances, 129.
- 2. Staff at 31st December, 1945:—

	Posts.	Filled.
Honorary medical officers	2	2
Salaries and Wages Staff-		
Management and clerical	3	3
Medical officers	5	4
Nursing staff	43	26
Domestic staff	13	5
Maintenance staff	5	5
Other staff	38	30
Special departments	3	3

ANNUAL REPORT, 1946.

1. (a) Number of beds available on 31st December, 1946:—

Patients Working inmates	Male. 292 129	Female. 176 19	Total. 468 148
		Workers.	Total.
(b) Remaining in on 31			
December, 1945	271	109	3 80
Admitted during 1946	. 125	696	821
Total treated during	ng		
1946		805	1,201
Number discharged	. 139	667	806
Number died	. 28	4	32
Remaining in on 31s December, 1946		134	363
Average daily number resident		119	358
Average residence of	discharge	d patients	in days.

discharged patients in days, 185.

Total cost of maintenance and treatment of indoor patients, £58,431 18s. 11d.

Average cost of patients per annum (cost per occupied bed), £244 9s. 6d.

(c) Outpatients.—Number of individuals who received treatment, 74; total number of attendances, 80.

2. Staff at 31st December, 1946:—

	Posts.	Filled.
Honorary medical officers	2	2
Salaries and Wages Staff:—		
Management and clerical	3	3
Medical officers	5	5
Nursing staff	43	18
Domestic staff	13	7
Maintenance staff	5	5
Other staff	39	34
Special departments	3	3

2. DAVID BERRY HOSPITAL.

Berry, New South Wales.

SECRETARY'S REPORT FOR YEARS 1941-1946, INCLUSIVE.

Administration Staff.-Visiting Medical Officer, Dr. R. C. APPS; Matron. D. CAWOOD, June, 1941-2-3; Acting Matron, D. CADY, July, 1943 to July, 1944; Acting Matron Russell Hall, July, 1944, to November, 8th, 1946; Acting Matron, A. Wilson, from that date.

Clerical Staff.—A. Hale resigned as Secretary December, 1943; Clerk, R. E. GREEN, from January, 1944.

Resident Staff .- Acting Matron, head nurse, three staff nurses, three assistants in nursing, four domestics, two inmate workers.

Non-resident.—Two attendants.

Staff Problems.—The staff position has been most acute throughout the period, with both nursing staff and domestic.

Number of—Wards 9, beds 32, cots 4.

	Male.	Female.	Total.
Ward Patients Treated, 1941-1946	1,349	996	2,345
Discharged	1,222	916	2,138
Births	16	16	32
Deaths	85	43	128
Operations			1,215
X-rays			880
Infectious cases			62
Outpatients			1,418
Collections, 1941-1946		£5,299	9 4

Increase in Collections.—The increase in collections was due to patients from military camps in the Shoalhaven area.

Ground and Buildings.—An emergency hospital was completed in 1944, but has not been occupied. Use has been made of a portion for clerks office, recreation room for nursing staff, and store rooms. The main hospital building is in need of painting. The grounds generally are in fairly good order.

3. STRICKLAND CONVALESCENT HOSPITAL FOR MEN AND WOMEN, "CARRARA," VAUCLUSE.

REPORT OF THE MATRON FOR THE YEARS 1941-1946, INCLUSIVE.

Beds available, 120-80 Female, 40 Male.

Admissions, Discharges and Dail	Admissions, Discharges and Daily Average.				
	Male.	Daily Average.		Female.	Daily Average.
1941— Admissions Discharges 1942— Admissions Discharges Deaths 1943— Admissions Discharges Deaths 1944— Admissions Discharges 1945— Admissions Discharges 1946— Admissions Discharges 1946— Admissions Discharges	392 385 295 298 1 247 258 1 285 275 229 239 216 215	\begin{array}{cccccccccccccccccccccccccccccccccccc	1941— Admissions Discharges 1942— Admissions. Discharges Deaths 1943— Admissions. Discharges 1944— Admissions. Discharges 1945— Admissions. Discharges 1945— Admissions. Discharges 1946— Admissions. Discharges Deaths 1946— Admissions. Discharges Deaths	694 694 298 290 1 633 633 658 654 594 595 1	\begin{aligned} \} 43 \\ \} 25 \\ \} 44 \\ \} 47 \\ \} 46

Total during years 1941-1946 inclusive—		
Male—		
Admissions	. 1,	664
Discharges	1,	,670
Deaths		2
Female—		
Admissions	3	467
	Α΄	456
Discharges	•	3
Deaths	• •	U
Daily Average—		
Male	••	25
Female	••	42
Staff has remained static during these years—		
Nursing		7
Domestic		6
Attendants		3
Clerical		ĭ
		-
Maintenance collected from Patients—	£	
1941	987	
1942	1,008	
1943	1,456	
1944	1,600	
1945	1,772	
1946	1,480	
Yearly Average	1,384	

Activities .- Patients are admitted to the hospital through the Metropolitan Hospitals, Health Department and country doctors, and the majority are most appreciative of the care and attention extended to them and also of the beauty, peace and quiet of their surroundings. On discharge most patients show marked improvement in condition generally and an increase in weight as the result of their convalescence following their medical and surgical illnesses. A large number of plaster and crutch cases have been admitted and also others who have had to report to their hospitals at regular intervals for deep-ray treatment, etc.

In 1941 the entire premises were painted externally and several wards and rooms renovated with high-class wall finishes. Numbers of trees and shrubs were planted outside men's quarters. In 1942 the roadway to back gate was reconstructed and pathway to nurses' quarters repaved. Through these years, 1941-1946, general maintenance and renovations were performed by the Public Works Department to sewerage and water pipes, downpipes guttering, etc.

4. LIDCOMBE STATE HOSPITAL AND HOME.

REPORT OF THE MEDICAL SUPERINTENDENT FOR THE YEARS 1941-1946, INCLUSIVE.

	194	1.	19	12.	19	43.	19	44.	19	45.	19	46.
	No.	Total.	No.	Total.	No.	Total.	No.	Total.	No.	Total.	No.	Total.
Beds available beginning of year— Hospital Dormitories Infectious Division*	1,024 835 48	1,907	1,010 835 	1,845	1,010 835 	1,845	1,010 835 	1,845	964 900 	1,864	894 651 	1,545
Daily Average No. of Patients and Inmates resident	1,520		1,317		1,187		1,130		1,126		1,201	•••
In Institution beginning of year— Hospital	940 564 16	1 500	918 484 2	1 404	805 391 	1 100	796 342 	1,138	726 324 	1,050	795 391 	1,186
Admissions— Hospital General Division	1,793 · 1,684 176	1,520	1,694 1,281	1,404	1,363 970	1,196	1,226 891	1,130	1,144 1,051	1,030	1,147 1,220	1,100
Infectious Division* Transferred from yard to other Sections— Hospital	349 309	3,653	311 291	2,975	280 168	2,333	228 129	2,117	248 129	2,195	263 206	2,367
General Division		658		602		448		357		377		469
		5,831		4,981		3,977		3,612		3,622		4,022
Discharges— HospitalGeneral Division Infectious Division*	1,160 1,721 190	3,071	966 1,350 2	2,318	783 903 	1,686	775 805 	1,580	640 864 	1,504	710 1,152 	1,862
Deaths— Hospital General Division Infectious Division*	695 3		861 3 		701 4 		620 5	ŕ	554 1 		567 5 	
Transferred to other Sections— Hospital	309 349	698 658	291 311	602	168 280	705	129 228	625 357	129 248	377	206 263	572 469
Threetious Division		4,427		3,784		2,839		2,562		2,436		2,903
In Institution end of year— Hospital General Division Infectious Division*	918 484 2		805 392		796 342		726 324		795 391		722 397	
intections Division		1,404		1,197		1,138		1,050		1,186		1,119

* Infectious Division closed 1941.

	1941.	1942.	1943.	1944.	1945.	1946.
Cost of Maintenance and Treatment	£ s. d. 102,466 13 6 67 8 3 5,537 1 4 1,314 6 0	£ s. d. 100,833 15 8 76 11 3 2,978 0 8 1,562 5 11	£ s. d. 106,251 2 9 89 10 3 6,499 15 10 447 5 0	£ s. d. 86,046 12 7 76 2 11 29,567 15 6 6,257 17 4	£ s. d. 98,281 4 6 87 5 7 30,336 15 7 5,796 1 9	£ s. d. 123,159 7 8 102 10 11 37,208 16 1 6,601 8 3
Medical: Major Operations during year X-Ray Examinations Pathological Department Examinations Miscellancous—	188	166	175	193	192	121
	1,650	1,540	2,024	2,385	2,151	2,540
	2,358	1,821	1,932	2,037	2,130	2,176
Bakehouse— Bread and cake produced Cost per lb. Laundry—Articles laundercd Dairy Farm— Milk produced.	1,073,990 lb.	917,592 lb.	872,784 lb.	855,430 lb.	861,285 lb.	864,000 lb.
	1·24d.	1·333d.	1·353d.	1·359d.	1·395d.	1.401d.
	1,141,812	1,098,338	1,050,200	1,005,904	1,087,300	1,052,082
	86,790 gals.	79,470 gals.	78,314 gals.	56,211 gals.	30,029 gals.	49,961 gals.
Vegetable Gardens— Vegetables grown Green feed Piggery, etc.—Sales	91,168 lb.	34,814 lb.	44,550 lb.	32,355 lb.	39,089 lb.	30,146 lb.
	32½ tons	16 t. 18‡ cwt.	51 t. 15 cwt.	16 t. 2 cwt.	19 t. 2 qrs.	9 tons
	£259 5s. 3d.	£1,005 0s. 4d.	£410 0s. 0d.	£569 13s. 4d.	£304 6s. 1d.	£221 1s. 3d.

During the period 1941-1945 the activities of the institution were curtailed through war activities and only essential work was carried out owing to shortage of Staff. The Department of Public Works, however, carried out certain maintenance and replacement works during the years mentioned, all of which have been of much assistance in the general efficient maintenance of the Institution.

Throughout the years under review, regular entertainments were given by various organisations for the enjoyment of the inmates and gifts of food and kind were received from other organisations for which the thanks of the Administration is given.

5. LIVERPOOL STATE HOSPITAL AND HOME FOR MEN.

REPORT OF THE MEDICAL SUPERINTENDENT FOR THE YEARS 1941-1946, INCLUSIVE.

Honorary Visiting Staff.—Consulting Surgeon, B. T. Edye, F.R.C.S.; Surgeon, L. D. Miller, M.B., F.R.C.S.; Assistant Surgeons, A. L. Webb, M.B., F.R.C.S., J. A. Lawson, M.B., F.R.C.S., J. A. Manion, M.B., Ch.M.; Anaesthetist, A. Rose Innes, L.R.C.P. (Loudon), M.R.C.S. (Eng.); Ear, Nose and Throat Surgeon, H. Eisenberg, M.B., B.S.; Dermatologist, W. A. McDonald, B.A., M.B., Ch.M.; Urologist, R. T. Campbell, M.B., Ch.M.

Staff.—During the years 1941 to 1946 several changes occurred in the personnel of the executive staff of the institution in consequence of retirements or promotions.

In 1941 Dr. C. R. O'Brien was appointed to the position of Medical Superintendent as successor to Dr. D. Wallace, retired, whilst later in the same year Mr. S. J. Warner was appointed Manager vice Mr. S. T. Creagh transferred to the corresponding position at Lidcombe State Hospital. Following the retirement in 1946 of the officer last named, Mr. Warner was transferred to the post so vacated and was succeeded at this institution by the present Manager, Mr. E. C. Barrett.

In common with hospitals generally throughout the State shortage of female nursing staff has created considerable difficulty and involved, early in 1946, the closure of one of the two district wards.

It is pleasing to report, however, that notwithstanding further progressive diminution in the number of female nursing personnel the closure of other wards or reduction in the number of hospital beds has been avoided as a result of duty re-allocations and the engagement of additional male staff for ward duties.

Details of staff actually employed as at 31st December, 1946, are as follow, viz.:—Medical Superintendent, C. R. O'Brien, M.B., Ch.M.; Medical Officer, J. J. L. McDonald, L.R.C.P.; Mauager, E. C. Barrett; Matron, L. W. McIntosh; Acting Sub-Matron, Dispenser, 2 Clerks, 4 Office Assistants, 2 Storekeepers, 15 Nurses, Chief Attendant, Deputy Chief Attendant, 29 Attendants, 24 other Male Staff, 10 other Female Staff. In addition, a part-time Medical Practitioner visits the Outpatients' Department three days per week, whilst a Dental Surgeon attends the institution at fortnightly intervals.

Number of Beds and Wards.—Hospital bed accommodation has remained constant, throughout the six-yearly period under review, at 302 beds, though 28 of these were temporarily closed in 1946 arising out of staffing difficulties. Dormitory accommodation for inmates of the Home section fell from 541 in 1941 to 444 in 1946 in consequence of the demolition of an unsatisfactory, outmoded and unsightly structure with a capacity of approximately 100 beds.

Admissions and Discharges for the Period.—In residence at 1st January, 1941, 744; admitted (1st January, 1941 to 31st December, 1946), 15,775; discharged, 13,037; deaths, 2,806; remaining at 31st December, 1946, 676; average daily number resident, 660.

Average cost per occupied bed was, respectively: 1941, £64 2s. 10d.; 1942, £74 14s. 10d.; 1943, £76 18s. 7d.; 1944, £83 8s. 7d.; 1945, £93 0s. 9d.; 1946, £112 10s. 5d.

Summary on Patients Treated in the Various Wards During Period 1.1.1941 to 31.12.1946.

Hospital Section.	In Hospital on 1st Jan., 1941.	Admitted during period.	Discharged during period.	Died.	In Hospital 31st Dec., 1946.
Cancer ward General wards	59 178	1,012 3,338	316 1,658	701 1,693	54 165
Total	237	4,350	1,974	2,394	219
District wards	55	4,712	4,301	443	23
Grand Total	292	9,062	6,275	2,837	242

Outpatient Department.—58,595 attendances were recorded during the period under review, including 15,760 individual attendances.

Operations.—A total of 2,339 operations were performed, 1,450 of which were under general anaesthesia. Of such latter number 1,039 could be classified as major operations.

Review of Work.

Buildings.—As a result of conditions imposed by war which embraced more than four and a half years of the six-year period under review, it will be appreciated that much leeway remained to be overtaken at the end of 1946 in such matters as repairs, renovations, etc., to buildings, new constructions and renewals and replacements of services at this institution.

Notwithstanding the severe handicap so occasioned, however, it is indeed pleasing to report that several works of a major character were proceeded with and completed during the period, of which the more important were the new Cancer Block, which was completed and occupied in 1941, the installation of a passenger elevator for the transport of patients to upstair wards, the provision in 1942 of a new bathroom and sterilizing room at "M" and "N" Wards, and the remoddelling and renovation of the Medical Superintendent's consultation, examination and treatment rooms in 1946.

During that year also a commencement was made with the erection of a new recreation hall for the inmates, whilst, in addition, the foundations were laid for two other structures— a new yard lavatory and a new barber's shop for inmates of the home section.

Services.—Improvements effected in services relate chiefly to the installation of electrical equipment in the nature of a dish washing machine, potato peeler and mincing machine in 1945, whilst the provision in the following year of a gas cooking range in the kitchen at the Nurses' Home, installation of refrigeration units in the day rooms of five wards, and the renewal of both gas and water service pipes to one of the residences afforded much satisfaction generally.

It was during 1946 also that the hospital's sewerage system was linked up with the Metropolitan Water, Sewerage and Drainage Board's new sewage treatment plant, and towards the end of that year considerably improved telephone services were secured arising out of the provision of eight additional extensions and the complete change-over from a manually-operated system to automatic control.

Entertainments.—A new feature, introduced in 1942, which has afforded considerable pleasure for the inmates during the past four years relates to the installation, in that year, of talkie equipment, and with the provision of a second projector head in 1944, a very satisfactory and well-patronised cinema entertainment has been provided fortnightly.

As in past years regular concerts and variety entertainments have been provided throughout the period under review by various organisations, whilst donations of pipes, tobacco, fruit, eggs, cakes and sweets have been received and distributed among our inmate population.

The grateful thanks of this administration is expressed to all members of such organisations and individual persons who have so contributed towards promoting the well-being and contentment of those within our care.

Dairy and Piggery.—In 1942, to meet war-time exigencies, a considerable portion of this institution's farm and grazing land, including buildings thereon, was temporarily acquired by the military authorities and remained under army occupation for a period in excess of three years.

As an involvement dairying operations and pig-raising activities were discontinued, the live-stock in each section being disposed of to other departmental instrumentalities.

Lacking normal maintenance during this period, considerable repair work, renovations and renewals both in respect of buildings and services within the area referred to is still to be undertaken before the property is restored to its prearmy occupation condition.

Gardens and Grounds.—Reviewing outdoor activities generally throughout the six years covered by this report, it can be said that two major factors—unfavourable weather conditions and pronounced shortage of suitable labour—imposed a severe handicap in the conduct of vegetable garden operations and flower gardening and ground maintenance activities.

Notwithstanding these difficulties, however, a reasonably regular supply of fresh vegetables was achieved, the provision of a rotary hoe having been of much assistance in vegetable production work. With adequate assistance, however, production in this section could be considerably augmented.

Much remains to be achieved in connection with the beautification of the grounds with well-ordered flower gardens and neat lawns, but until labour difficulties are resolved, partial attainment only of our objective in this matter is within accomplishment.

6. NEWINGTON STATE HOSPITAL.

SUMMARISED ANNUAL REPORT COVERING THE YEARS 1941-1946.

Admissions and Discharges.	1941.	1942.	1943.	1944.	1945.	1946.
In Institution 1st January Admitted during year Discharged Died In Institution on 31st December Average daily number Expenditure during year Annual cost per occupied bed	1,138 858 280 570 616 £ 39,012 £ s. d.	570 959 758 228 543 556·3 £ 38,893 £ s. d. 69 19 0	543 860 605 264 534 533 £ 41,690 £ s. d. 78 4 4	534 804 565 233 540 533 £ 44,264 £ s. d. 83 0 11	540 638 493 163 522 536 £ 49,366 £ s. d. 92 2 0	522 557 494 105 480 500 £ 53,687 £ s. d. 107 7 6

The staff establishment in 1941 was as follows:—Honorary Medical Staff 2 (neither of which has been occupied), Medical Superintendent, Medical Officer, Manager, Matron, Sub-Matron, Nurses 63, Dispenser, Senior Clerk, Junior Clerk, Female Office Assistant, Storekeeper, other Female Staff 23, Male Staff 15, and a visiting Dentist.

During the period 1941-1946 the establishment has been augmented by the creation of additional posts as follows:—Nurses 7, other Female Staff 4 (Laundresses), Female Office Assistants 2, Male Staff 8 (7 Cleaners, 1 Kitchenman).

Generally, posts have been filled throughout the period with the exception of those of the nursing staff. Up till June, 1943, the institution had its full complement of nurses. The following year the figure had dropped to 58; in 1945 to 51, and in June, 1946, the nurses employed numbered 37.

This deterioration in the position of the nursing staff has been the reason for the progressive drop in the number of admissions and in the average daily number of inmates as shown in the figures above quoted.

7. RANDWICK AUXILIARY HOSPITAL.

REPORT FOR THE YEARS 1941-1946, INCLUSIVE.

Appended are statistics summarising the activities of the Hospital during the six-year period 1st January, 1941, to 31st December, 1946.

	Males.	Females.	Total.	Males.	Females.	Total.
Indoor Patients— Patients under treatment on 31st December, 1940 Admitted—	•••		•••	90	61	151
1941	215	138	353			
1942 1943	$\begin{array}{c} 246 \\ 226 \end{array}$	$136 \\ 117$	382 343			
1944	130	118	248			
1945 1946		79 56	157 135			
	974	644	1,618	974	644	1,618
Total treated during period				1,064	705	1,769
Died during—						
1941		55 81	$\begin{array}{c} 182 \\ 213 \end{array}$			
1942	$\begin{array}{c} 132 \\ 143 \end{array}$	76	$\begin{array}{c} 213 \\ 219 \end{array}$			
1944	84	5 7	141			
1945	48	50	98			
1946		30	92			
· Total deaths during period	596	349	945	:		
Discharged during—						
1941	74	54	128			
1942	105	57	162			
1943	94	41	135			
1944		$\begin{array}{c} 61 \\ 29 \end{array}$	$\begin{array}{c} 137 \\ 72 \end{array}$			
1945		46	73			
Total discharges during period	419	288	707			
Total deaths and discharges during period	•••	•••		1,015	637	1,652
Remaining in hospital 31st December, 1946	•••	•••	•••	49	68	117
Daily average number of resident patients during each						
year—	01	e.e	157			
1941		$\begin{bmatrix} & 66 \\ 89 \end{bmatrix}$	$\begin{array}{c} 157 \\ 200 \end{array}$			
1942		89	194			
1944	95	90	185			
1945	$\frac{33}{63}$	89	152			
1946		74	123			
Daily average over full period		•••		86	83	169

Statistics summarising activities of the Hospital—continued.

	Males.	Females.	Total.	Males.	Females.	Total.
Average residence of discharged and deceased						
patients during each year—						
1941	•••	•••	•••	145	201	183
1942	• • •	•••	•••	151	224	178
1943	•••	•••	•••	165	245	191
1944 1945	•••	•••	•••	206	278	234
1946	•••	•••	•••	339	308	326
2020	•••	***	•••	354	266	310
Outdoor Patients—						•
Number of individuals who received out-door treat-						
ment in each year—						
1941	•••	•••	30			
1942	• • •	•••	78			
1943	•••	•••	43			
1944	•••	•••	70			
1945 1946	***	•••	86			
1010	•••	•••	111			
Total number of individuals who received						
treatment over period	•••	•••	•••	•••		418
						110
The total and the second secon						
Total number of visits made by out-door patients in						
each year—						
1941	•••	•••	58			
1942	•••		1,172			
1943 1944	•••	•••	63			
1945	•••	•••	221			
1946	• • •	•••	$1,027 \\ 984$			
	•••		904			
Total number of visits made by out-door						
patients over period	•••		•••	•••		3,525
Vorking Inmates—						
In institution 31st December, 1940	•••	•••	•••	•••		7
Admitted during year—						
1941	•••	•••	58			
1942	•••	•••	65			
1943	•••		33			
1944	•••	•••	25			
1945	•••	•••	13			
1946	•••	•••	19			
						213
Total						220
	•••	***	•••	***	•••	420
Discharged during year—					į	
1941			51			
1942	•••		65			
1943	•••	•••	33			
1944	•••		26		Ì	
1945	•••		13			
1946	•••	•••	20	ĺ		
-						208
Remaining in hospital 31st December, 1946						
tremaining in hospital 31st December, 1940	•••	•••	•••	•••	•••	12
					-	
Daily average number resident each year—	•					
1941	•••	•••	9			•
1942	***	•••	13			
1943	• • •	•••	13			
1944	•••		13			
1945	•••		12			
1946		•••	12			
Della array 1		-				
Daily average number resident over 6 year						
period	•••			•••	•••	12
					-	
General daily average number resident patients and						
working inmates—						
1941			166			
1942	•••		213			
1943	•••	•••	207	i		
1944	•••	***	198			
1945	•••	•••	164			
1946		•••	135			
			100			
						200
General daily average over period						180

Statistics summarising activities of the Hospital—continued.

Operations— Abdominal and Pelvis Amputations Appendicectomy Bronchoscopy Cholecystectomy. Cystoscopy and retrograde Pyelogram Emplantation of Radon seeds Excision of Breast Abscess Orchidectomy Phrenic Crush Sequestrectomy Sigmoidoscopy Thoracoscopy and Pneumonolysis Thoracoplasty Minor operations X-Ray Department— Number of indoor patients X-rayed Number of outdoor patients X-rayed Number of staff X-rayed Number of films used Screenings Barium Meal Use of portable X-ray Potter Bucky examinations Dental examinations Gall Bladder Pyelogram and Renal Tract Bronchogram Staff— Honorary Staff— Ear, Nose and Throat Surgeon Urologist	 		 1 5 1 2 8 1 8 19 14	 19 2 1 1 37 1 8 47 38	3 146 1 85 3 7 28	3 .90 1
Abdominal and Pelvis Amputations Appendicectomy Bronchoscopy Cholecystectomy. Cystoscopy and retrograde Pyelogram Emplantation of Radon seeds Excision of Breast Abscess Orchidectomy Phrenic Crush Sequestrectomy Sigmoidoscopy Thoracoscopy and Pneumonolysis Thoracoplasty Minor operations X-Ray Department— Number of indoor patients X-rayed Number of staff X-rayed Number of staff X-rayed Total number of films used Screenings Barium Meal Use of portable X-ray Potter Bucky examinations Dental examinations Gall Bladder Pyelogram and Renal Tract Bronchogram Staff— Honorary Staff— Ear, Nose and Throat Surgeon	 	 	1 1 5 1 2 8 1 8 19	 19 2 1 1 37 1 8 47	 146 1 85 3	90 1 95
Appendicectomy Bronchoscopy Cholecystectomy. Cystoscopy and retrograde Pyelogram Emplantation of Radon seeds Excision of Breast Abscess Orchidectomy Phrenic Crush Sequestrectomy Sigmoidoscopy Thoracoscopy and Pneumonolysis Thoracoplasty Minor operations X-Ray Department— Number of indoor patients X-rayed Number of outdoor patients X-rayed Number of staff X-rayed Number of films used Screenings Barium Meal Use of portable X-ray Potter Bucky examinations Dental examinations Gall Bladder Pyelogram and Renal Tract Bronchogram Staff— Honorary Staff— Ear, Nose and Throat Surgeon	 	 	1 2 8 1 8 19	 19 2 1 1 37 1 8 47	 146 1 85 3	90 1 95
Bronchoscopy Cholecystectomy. Cystoscopy and retrograde Pyelogram Emplantation of Radon seeds Excision of Breast Abscess Orchidectomy Phrenic Crush Sequestrectomy Sigmoidoscopy Thoracoscopy and Pneumonolysis Thoracoplasty Minor operations X-Ray Department— Number of indoor patients X-rayed Number of outdoor patients X-rayed Number of staff X-rayed Total number of films used Screenings Barium Meal Use of portable X-ray Potter Bucky examinations Dental examinations Gall Bladder Pyelogram and Renal Tract Bronchogram Staff— Honorary Staff— Ear, Nose and Throat Surgeon	 	 	1 2 8 1 8 19	19 2 1 1 37 1 8 47	146 1 85 7	90 1 95
Cholecystectomy Cystoscopy and retrograde Pyelogram Emplantation of Radon seeds Excision of Breast Abscess Orchidectomy Phrenic Crush Sequestrectomy Sigmoidoscopy Thoracoscopy and Pneumonolysis Thoracoplasty Minor operations X-Ray Department— Number of indoor patients X-rayed Number of outdoor patients X-rayed Number of staff X-rayed Total number of films used Screenings Barium Meal Use of portable X-ray Potter Bucky examinations Dental examinations Gall Bladder Pyelogram and Renal Tract Bronchogram Staff— Honorary Staff— Ear, Nose and Throat Surgeon	 	 	1 2 8 1 8 19	2 1 1 37 1 8 47	 1 85 3 7	 1 95
Cystoscopy and retrograde Pyelogram Emplantation of Radon seeds Excision of Breast Abscess Orchidectomy Phrenic Crush Sequestrectomy Sigmoidoscopy Thoracoscopy and Pneumonolysis Thoracoplasty Minor operations X-Ray Department— Number of indoor patients X-rayed Number of outdoor patients X-rayed Number of staff X-rayed Total number of films used Screenings Barium Meal Use of portable X-ray Potter Bucky examinations Dental examinations Gall Bladder Pyelogram and Renal Tract Bronchogram Staff— Honorary Staff— Ear, Nose and Throat Surgeon	 122	 	 8 1 8 19	 1 1 37 1 8 47	 1 85 3 7	1 95
Emplantation of Radon seeds Excision of Breast Abscess Orchidectomy Phrenic Crush Sequestrectomy Sigmoidoscopy Thoracoscopy and Pneumonolysis Thoracoplasty Minor operations X-Ray Department— Number of indoor patients X-rayed Number of outdoor patients X-rayed Number of staff X-rayed Total number of films used Screenings Barium Meal Use of portable X-ray Potter Bucky examinations Dental examinations Gall Bladder Pyelogram and Renal Tract Bronchogram Staff— Honorary Staff— Ear, Nose and Throat Surgeon	 122	 	 8 1 8 19	 1 1 37 1 8 47	1 85 3 7	 95
Excision of Breast Abscess Orchidectomy Phrenic Crush Sequestrectomy Sigmoidoscopy Thoracoscopy and Pneumonolysis Thoracoplasty Minor operations X-Ray Department— Number of indoor patients X-rayed Number of outdoor patients X-rayed Number of staff X-rayed Total number of films used Screenings Barium Meal Use of portable X-ray Potter Bucky examinations Dental examinations Gall Bladder Pyelogram and Renal Tract Bronchogram Staff— Honorary Staff— Ear, Nose and Throat Surgeon	 122	 	 8 1 8 19	1 37 1 8 47	 85 3 7	 95
Phrenic Crush Sequestrectomy Sigmoidoscopy Thoracoscopy and Pneumonolysis Thoracoplasty Minor operations X-Ray Department— Number of indoor patients X-rayed Number of outdoor patients X-rayed Number of staff X-rayed Total number of films used Screenings Barium Meal Use of portable X-ray Potter Bucky examinations Dental examinations Gall Bladder Pyelogram and Renal Tract Bronchogram Staff— Honorary Staff— Ear, Nose and Throat Surgeon	 122	 	8 1 8 19	37 1 8 47	85 3 7	95
Sequestrectomy Sigmoidoscopy Thoracoscopy and Pneumonolysis Thoracoplasty Minor operations X-Ray Department— Number of indoor patients X-rayed Number of outdoor patients X-rayed Number of staff X-rayed Total number of films used Screenings Barium Meal Use of portable X-ray Potter Bucky examinations Dental examinations Gall Bladder Pyelogram and Renal Tract Bronchogram Staff— Honorary Staff— Ear, Nose and Throat Surgeon	 122	 	 1 8 19	1 8 47	 3 7	•••
Sigmoidoscopy Thoracoscopy and Pneumonolysis Thoracoplasty Minor operations X-Ray Department— Number of indoor patients X-rayed Number of outdoor patients X-rayed Number of staff X-rayed Total number of films used Screenings Barium Meal Use of portable X-ray Potter Bucky examinations Dental examinations Gall Bladder Pyelogram and Renal Tract Bronchogram Staff— Honorary Staff— Ear, Nose and Throat Surgeon	 122 1,424	 	1 8 19	 8 47	$\begin{bmatrix} 3 \\ 7 \end{bmatrix}$	
Thoracoscopy and Pneumonolysis Thoracoplasty Minor operations X-Ray Department— Number of indoor patients X-rayed Number of outdoor patients X-rayed Number of staff X-rayed Total number of films used Screenings Barium Meal Use of portable X-ray Potter Bucky examinations Dental examinations Gall Bladder Pyelogram and Renal Tract Bronchogram Staff— Honorary Staff— Ear, Nose and Throat Surgeon	 122 1,424	•••	8 19	8 47	7	
Thoracoplasty Minor operations X-Ray Department— Number of indoor patients X-rayed Number of outdoor patients X-rayed Number of staff X-rayed Total number of films used Screenings Barium Meal Use of portable X-ray Potter Bucky examinations Dental examinations Gall Bladder Pyelogram and Renal Tract Bronchogram Staff— Honorary Staff— Ear, Nose and Throat Surgeon	 122 1,424	•••	19	47	28	
Minor operations X-Ray Department— Number of indoor patients X-rayed Number of outdoor patients X-rayed Number of staff X-rayed Total number of films used Screenings Barium Meal Use of portable X-ray Potter Bucky examinations Dental examinations Gall Bladder Pyelogram and Renal Tract Bronchogram Staff— Honorary Staff— Ear, Nose and Throat Surgeon	 122 1,424					$\frac{9}{20}$
Number of indoor patients X-rayed Number of outdoor patients X-rayed Number of staff X-rayed Total number of films used Screenings Barium Meal Use of portable X-ray Potter Bucky examinations Dental examinations Gall Bladder Pyelogram and Renal Tract Bronchogram Staff— Honorary Staff— Ear, Nose and Throat Surgeon	1,424				10	19
Number of indoor patients X-rayed Number of outdoor patients X-rayed Number of staff X-rayed Total number of films used Screenings Barium Meal Use of portable X-ray Potter Bucky examinations Dental examinations Gall Bladder Pyelogram and Renal Tract Bronchogram Staff— Honorary Staff— Ear, Nose and Throat Surgeon	1,424					
Number of outdoor patients X-rayed Number of staff X-rayed Total number of films used Screenings Barium Meal Use of portable X-ray Potter Bucky examinations Dental examinations Gall Bladder Pyelogram and Renal Tract Bronchogram Staff— Honorary Staff— Ear, Nose and Throat Surgeon	1,424			۱ ا	1,254	1,050
Number of staff X-rayed Total number of films used Screenings Barium Meal Use of portable X-ray Potter Bucky examinations Dental examinations Gall Bladder Pyelogram and Renal Tract Bronchogram Staff— Honorary Staff— Ear, Nose and Throat Surgeon		1,172	1,363	1,525	140	198
Screenings Barium Meal Use of portable X-ray Potter Bucky examinations Dental examinations Gall Bladder Pyelogram and Renal Tract Bronchogram Staff— Honorary Staff— Ear, Nose and Throat Surgeon				j	361	522
Barium Meal Use of portable X-ray Potter Bucky examinations Dental examinations Gall Bladder Pyelogram and Renal Tract Bronchogram Staff— Honorary Staff— Ear, Nose and Throat Surgeon		1,264	1,566	1,676	1,759	1,982
Use of portable X-ray Potter Bucky examinations Dental examinations Gall Bladder Pyelogram and Renal Tract Bronchogram Staff— Honorary Staff— Ear, Nose and Throat Surgeon		•••	•••	65	253	811
Potter Bucky examinations Dental examinations Gall Bladder Pyelogram and Renal Tract Bronchogram Staff— Honorary Staff— Ear, Nose and Throat Surgeon	• • •	•••		4	$\frac{6}{100}$	20
Dental examinations Gall Bladder Pyelogram and Renal Tract Bronchogram Staff— Honorary Staff— Ear, Nose and Throat Surgeon	***	•••	88	127	99 6*	107
Gall Bladder Pyelogram and Renal Tract Bronchogram Staff— Honorary Staff— Ear, Nose and Throat Surgeon			6	•••	26	21* 33
Pyelogram and Renal Tract Bronchogram Staff— Honorary Staff— Ear, Nose and Throat Surgeon			6	***	$\begin{array}{c c} 20 \\ 2 \end{array}$	ა ა 6
Staff— Honorary Staff— Ear, Nose and Throat Surgeon			4	•••	25	28
Honorary Staff— Ear, Nose and Throat Surgeon	•••	•••	* * *		9	9
Thoracic Surgeon Dermatologist Orthopaedic Surgeon General Surgeon Consulting Physician Anaesthetist Total Honorary Staff	 4 4	 5 5	 5 5	1 1 1 1 1 1 1 3	2 1 1 1 1 1 1 3	2 1 1 1 1 1 1 3
Medical and Clerical— Medical Superintendent Medical Officer Junior Medical Officer Manager Clerks (male) Office Assistant	1 1 1 1	1 1 1 1	1 1 1 1 1 2	1 1 1 1 1 2	1 1 1 1 2 1	1 1 2 1 2 1
Total Medical and Clerical Staff	5	5	7	7	7	8
Nursing Staff—			7.7			
Male	11			11	11	17
Female	$\frac{63}{39}$	$\begin{array}{c} 63 \\ 40 \end{array}$	$\begin{bmatrix} 61 \\ 42 \end{bmatrix}$	61	61	61
Domestic Staff	12	9	7	$\frac{42}{9}$	43 10	43 15
Visiting Staff— Radiologist X-ray Technician	1 1	, 1 1	1	1 1	1	1
Dentist Chaplains	$\frac{1}{2}$	$\frac{1}{2}$	$\frac{1}{2}$	$\frac{1}{2}$	$\frac{1}{2}$	$\frac{1}{2}$
Part-time Staff— Nursing Domestic	• • •	•••	•••			
Total Authorised Staff	•••	•••	•••	•••	$egin{array}{c} 1 \ 5 \end{array}$	5 3

Staff Shortages.—Staff shortages of 27—occurring during the year 1944, resulted in closing of Ward 28 during September, 1944, and the reduction of 19 beds in Ward 24 during November and December, 1944. The staff position further deteriorated during 1945—the shortage at 31st December, 1945, being 36. As a result Ward 24 was closed on 20th April, 1945. In 1946 the position became even worse, the shortage at 31st December, 1946 was 44, and during the year it was necessary to gradually reduce the number of beds in use in Ward 25 to 9.

The decline in the number of patients under treatment as a consequence of staff shortages is illustrated by the following table:—

Daily average number resident:

1942	maximum number under treatment at this	
H	ospital) $\ldots 2$	00
1943		94
1944		85
1945		
1946	1	

8. LEPER LAZARET.

REPORT ON LEPROSY IN NEW SOUTH WALES FOR THE PERIOD 1941-1946, INCLUSIVE.

On 1st January, 1941, nine (9) persons remained under detention at the lazaret.

Four deaths occurred during the period 1941-1946, inclusive, i.e., H.L.S., J.L., J.T. and T.C.V.M.

The total number of persons admitted since 1883, when patients were first received (though the notification of leprosy was first made compulsory and the detention of lepers provided for by law only towards the end of 1900), is 223. Distributed under nationalities, the account stands as follows at 31st December, 1946:—

	Ad- mitted.	Re- admitted.	Dis- charged.	Repat- riated.	Died.	Remaining in at 31 Dec., 1946.
Whites, of European						
descent—						
New South Wales	56	4	19	•••	33	4
Victoria	$\begin{vmatrix} 3 \\ 1 \end{vmatrix}$		1 1	• • •	2	
Tasmania	7	•••	4	•••	2	i
Northern Territory		ï	$\frac{1}{2}$	•••		
Western Australia	1			•••		ï
New Zealand	1			• • •	1	
Fiji	2	1	1	• • •	1	1
New Hebrides	1		1 1	•••		
England	15 8	1	5 2	•••	12	
IrelandScotland	0 1	•••	1 1	***	6	•••
Germany	5		$\frac{1}{2}$	 1	$\frac{\cdots}{2}$	•••
Ci CI III Ci			1 ab-	1		•••
		ļ	sconded.			
Belgium	1			•••	1	
U.S. America	1			•••	1	
Greece	$\frac{2}{3}$	•••		1	1	
Malta	3	•••	1 ab-	•••	1	1
			sconded.			
Sweden	1				1	
France.	ĩ			•••	1	
Mauritius	1		1	•••		
Italy	1		• • •	1	•••	
Coloured patients—						
Australian	11	2	6	•••	2	5
West Indies	1	•••	1 /Tn 1005)	•••	•••	•••
East Indies	1		(In 1885)	1		ŀ
India	5	•••	1	2	2	
		•••	Ab-	~	2	
			sconded.			
China	62		4	35	23	
Straits Settlements	1	•••			•••	1
Java	$\frac{3}{1}$	•••	•••	2	1	
New Caledonia Pacific Islands	18	•••	•••		$\frac{1}{12}$	•••
Egypt	1			1		•••
Zanzibar	î l		ï		•••	•••
			(Hong		***	
			Kong			
			at own			
Create	0		request).			
Syria	$\frac{2}{3}$	•••	1	1	•••	3
Malta	3					3
Total	224	9	55	51	106	17
	1		1	- 1	100	1.

Thus the number remaining in the lazaret on 31st December, 1946, was seventeen persons—eleven males and six females.

Appendix A shows particulars of each case under detention since the year 1912.

Every opportunity has been offered to members of the medical profession to visit the lazaret for the purpose of

seeing such patients as were formerly under their care, or for study of the disease.

The following statement shows the expenditure for the years 1941-1946 and the average cost per inmate per annum:—

	1941.	1942.	1943.	1944.	1945.	1946.
Working expenses of Lazaret	£ s. d. 4,204 11 9	£ s. d. 4,566 13 3	£ s. d. 6,019 3 0	£ s. d. 6,530 3 7	£ s. d. 7,317 16 11	£ s. d. 7,357 1 4
Average cost per inmate per annum	459 9 0	456 0 0	382 8 0	306 11 7	359 17 11	432 15 4

APPENDIX A.

Return showing Admission, Discharges, etc., of Patients suffering from Leprosy for the Years 1929-1946.

	1929.	1930.	1931.	1932.	1933.	1934.	1935.	1936.	1937.	1938.	1939.	1940.	1941.	1942.	1943.	1944.	1945.	1946.
In Lazaret on 1st January Admitted during the year	20 1	20 4	20 3	20 1	19 2	19 1	17 2	18	16 3	13 	11	9 2	9 1	8 5	13 8	18 7	24 3	17 6
Died during the year Discharged Repatriated	1 	4	2 1	 2 	1 1 	2 1 	1 	1 1 3	4 2 	2	2	1 1	··· 2		1 2 	 1	1 6 3	2 3 1
Total	20	20	20	19	19	17	18	16	13	11	9	9	8	13	18	24	17	17
Remaining in Lazaret on 31st Deccmber— Males Females		17 3	16 4	16 3	16 3	15 2	15	13 3	9	8 3	6 3	6 3	7 1	11 2	13 5	16 8	10 7	11 6

Birthplaces of Lepers: The inmates of the Lazarct at the close of the year 1946 were of the following nationalities:

New South Wales, 4; West Australia, 1; Queensland, 1; Malay, 1; Fiji, 1; Malta, 4; Australian Aborigines, 5; Total 17.

RE	TURN S	howing particula	rs of Lepers adn	nitted	to Little E	Bay, New South Wa	les, sin	ce the year 1912.
Name.	Sex.	Native of—	Occupation.	Age	Admission. Date of.	Where from.	No. of Case in Clinical Notes.	Died or Discharged.
G.S	Female Male	New South Wales South Sea Is. China. N.S.W. Mallicolo N.S.W.	Domestic Farmer Cabinet-maker School Labourer Van-driver	18 34 40 12 50 28	9 Feb., 1904 8 July, 1905 21 May, 1912 14 Aug., ,, 27 ,, ,, 19 Sept., ,,	Lismore, N.S.W	88 101 128 129 130 131	Died, 28 July, 1936. Died, 16 Oct., 1939. Dicd, 15 September, 1935. Discharged, 21 July, 1916. Died, 23 April, 1919. Discharged, 1 Jan., 1920; readmitted, 7 Nov., 1927, died
W.D. J.M. J.C.M. W.B. A.C.P.	,, ,, ,,	New Hebrides N.S.W England N.S.W	Fisherman Labourer Miner. Dealer School	22 60 26 33 15	24 June, 1913 28 Nov., ,, 28 Jan., 1914 4 Mar., ,, 23 June, ,,	Ulladulla, South Coast Tweed River Homeville, W. Maitland Sydney Lismore	132 133 134 135 136	18 March, 1930. Discharged, 10 February, 1921. Died, 17 March, 1917. Died, 17 June, 1915. Died, 14 August, 1915. Discharged, 12 Oct., 1922; readmitted, 16 Jan., 1925; died,
E.W	,, Female Male ,,	South Sea Is. England New Hebrides China England China N.S.W	Labourer Domestic Cabinet-maker Showman Gardener Publican School	50 36 19 50 45 45 46 12	17 Nov., ,, 19 May, 1915 1 Sept., ,, 18 Dec., ,, 9 Mar., 1916 25 May, ,, 25 ,, ,, 25 Nov., ,,	Cudgen Hornsby St. Kilda, Victoria Waterloo, N.S.W. Campbelltown Sydney Armidale Lismore	137 138 139 140 141 142 143 144	27 August, 1937. Discharged, 19 Oct., 1932. Died, 7 Jan., 1924. Died, 18 July, 1923. Discharged, 10 March, 1917. Discharged, 2 June, 1917. Died, 15 June, 1916. Discharged, 19 May, 1917. Discharged, 5 Nov., 1924, readmitted, 1 July, 1927; died,
E.L.P E.M	,,	Germany	,,	11 56	25 ,, 3 April, 1917	Liverpool, N.S.W.	145 146	Died, 27 December, 1922. Repatriated as Prisoner of War
C.W	Female Male Female Male Yes a second of the secon	England N.S.W. Greece Ireland Victoria Malta China. N.S.W.	Domestic Cafe-proprietor Miner Housewife Labourer Gardener Labourer Teamster	80 54 33 84 63 29 30 64 30 32	14 ',' ',' ',' 21 Feb., 1918 5 Feb., 1919 25 ',' 18 June, ',' 22 Dec., ', 3 Aug., 1920 19 Oct., ',' 10 Nov., ','	Sydney	147 148 149 150 150A 151 152 153 154 155	27 May, 1919. Died, 18 Feb., 1923. Discharged, 12 June, 1920. Died, 24 Feb., 1931. Died, 19 Nov., 1920. Died, 1 May, 1919. Absconded, 14 September, 1919. Died, 29 July, 1921. Died, 2 Aug., 1923. Discharged 25 April, 1921. Discharged, 1 Dec., 1925, re-
T.F A.W D.A J.C A.S	Fcmale Male	,,	Civil servant Seamstress Teamster Fisherman Domestic	57 62 71 22 20	20 Dec., ,, 18 Feb., 1921 26 May, ,, 18 Aug., ,, 29 Jan., 1922	Hobart, Tasmania Newcastle Tilba Tilba Redfern	156 157 90 158 159	admitted, 28 Sept., 1931. Discharged, 18 June, 1921. Died, 24 Feb., 1930. Died, 16 July, 1921. Died 6 Aug., 1934. Returned to Peel Island, Oueens-
Y.M.B E R.B	Male	France	Labourer Sailor Coach-painter	$67 \\ 24 \\ 42$	7 June, 1922 13 Dec., ,, 18 June, 1923	Hunter's Hill	160 161 95	Died, 12 Aug., 1922. Died, 12 Aug., 1922. Repatriated, 26 June, 1923. Died, 5 Aug., 1923.
C.E.B	,,	Northern Territory N.S.W	Garage proprietor Invalld pensioner	35 37	11 Aug., 1924 26 Oct., ,,	Darwin, N.T. Liverpool Asylum	$162 \left\{ \begin{array}{c} 162 \left\{ \begin{array}{c} \\ \\ 163 \end{array} \right. \end{array} \right.$	Discharged, 16 Sept., 1925. Re-admitted, 7 July, 1933. Discharged, 12 Dec., 1933. Died, 5 June, 1943.
J.B. A.C. K A.M. A.D. Wong Toe H.P. G.T. E.S.G. A.R.B. W.C. D.E.O. Ah Hoey P.T.I. J.L.	y y y Female Male Female Male y	Germany Hawaii China. N.S.W China. N.S.W Scotland Queensland N.S.W Mauritius Queensland China. N.S.W	Importer Musician School Gardener Farmer Chemist Domestic Farm labourer Sugar-worker Domestic Gardener Labourer	45 12 7 46 39 56 33 41 47 31 49 17	6 Mar., ,, 7 ,, 12 ,, 21 April, ,, 22 Nov., ,, 14 Dec., ,, 8 May, 1926 27 April, 1927 6 July, ,, 7 Feb., 1928 29 March, ,, 28 May, ,, 9 Dec., ,, 22 ,, ,,	Sydney ,,, Clarence River Queensland Sydney Hunter's Hill Croydon Queensland Northern Territory Liverpool Tweed River Macksville	165 166 167 168 169 170 171 172 173 174 175 176 177	Died, 24 June, 1931. Absconded, 21 August, 1925. Repatriated, 11 March, 1925. Repatriated, 16 Dec., 1925. Discharged, 1 Dec., 1925. Died, 29 November, 1937. Discharged, 9 Sept., 1926. Discharged, 21 July, 1926. Discharged, 21 July, 1926. Died, 29 January, 1930. Died, 26 November, 1928. Discharged, 4 July, 1928. Discharged, 15 Feb., 1932. Dicd, 27 November, 1939. Died, 15 December, 1933. Died, 2 August, 1945.
L.M. E.W. T.G.J.D. R.C. L.B.	Female	W. Australia	Domestic	59 33 13 12 39	14 Sept., 1929 4 Feb., 1930 4 July, ,, 6 Aug., ,, 13 Sept., ,,	Lismore. Sydney Lismore. Sydney Queensland	178 179 180 181 182	Discharged, 30 Nov., 1934. Died, 6 February, 1930. Discharged, 16 April, 1937 Repatriated to Queensland, 15
A.M W.L	Female Male	N.S.W. China	Home-duties	19 60	1 April, 1931 12 Sept., 1931	Adamstown, N.S.W Kogarah, N.S.W.	183 184	January, 1931. Died, 17 October, 1938. Repatriated to China, 14 March, 1936.
J.T A.D E.C.H.L A.N.	,, ,, ,,	England N.S.W Victoria Germany	Bootmaker Engine-driver Student Labourer	60 53 42 55	29 Jan., 1932 30 Sept., 1933 15 April, 1934 30 Aug., ,,	Queensland	185 186 187 188	Died, 13 October, 1946. Died, 24 November, 1938. Discharged, 21 May, 1936. Repatriated to Queensland, 5 November, 1936.

APPENDIX A—continued.

Name.	Sex.	Native of—	Occupation.	Age on.	Date of.	Where from.	No. of Case in Clinical Notes.	Died or Discharged.
M.E.M.G	Female ,, Male Female Male Male Male Female N.S.W. Queensland Straits Settlements N.S.W. Malta China N.S.W. England Australian N.T. China Tasmania China Australia N.S.W. India Australia Java England Macassar Australian N.T.	Domestie Domestie Domestie Student Home-duties Labourer Ship steward Shop-assistant Plumber and drainer Clergyman Domestie duties Market gardener Briekworker Trainee electro plater Ex patient Channel I. Scholar Sailor Shop-assistant Internee ,, Private in A.I.F. Sailor Seholar	Age on. 25 38 20 46 71 30 45 35 62 33 75 55 18 22 12 38 15 42 35 34 31	Date of. 11 Oct., 1934 29 Mar., 1936 5 Aug., ,, 22 Oct., 24 June, 1937 14 Sept., ,, 12 Oct., ,, 2 April, 1940 20 Aug., 1940 4 Mar., 1941 5 May, 1942 14 July, ,, 11 Aug., ,, 6 Oct., ,, 7 Sept., ,, 15 Jan., 1943 5 Jan., ,, 1 June, ,, 1 June, ,, 1 Fept., ,, 16 Nov., ,, 16 Nov., ,, 14 Dec., ,, 7 Mar., 1944 13 April, ,,	Lawrence, Clarence R. Bankstown Goulburn Woollahra. Malabar Kyogle Auburn Hong Kong 7 Kirk Lane, Ultimo 11 Anzae Pdc., Neweastle Sydney St. Mary's. Petersham Malabar Not fixed Malabar Cowra Victoria. Not fixed "" Otford	Case in Clinical Notes. 189 190 191 192 193 194 195 166 167 168 169 170 171 172 173 174 175, 193 177 176 178 179 180 181	Discharged, 1941; readmitted 26 December, 1942. Repatriated to Queensland, 5 November, 1936. Discharged, 8 December, 1941. Died, 22 September, 1937. Repatriated to Hong Kong per, S.S. "Nanking," on 7 May. 1940. Dicd, 5 September, 1940. Discharged, 9 July, 1943, re- admitted 18 November, 1946. Discharged, 19 October, 1943. Discharged, 19 October, 1943. Discharged, 18 June, 1945, to Northern Territory. Discharged, 21 Nov., 1946. Discharged, 10 Feb., 1945, re- admitted, 18 October, 1946. Discharged, 10 Feb., 1945, re- admitted, 18 October, 1946. Discharged, 17 February, 1945. Discharged, 25 April, 1944. Discharged for repatriation, 20 April, 1945. Discharged for repatriation, 31 January, 1946. Discharged, 18 June, 1945. Repatriated to Dutch New Guinea, 1945.	
M.F. $D.CL.C.$	Female	,,	,,	$\begin{array}{c} 9 \\ 14 \\ 32 \end{array}$	13 April, ,, 2 May, ,, 6 June, ,,	Otford	182 183 184	Discharged, 16 Nov., 1945, readmitted, 30 March, 1946, Discharged, 16 Nov., 1945, re-
M.E.J. C.H. M.R.H. O.M.W. J.F. F.R.G.C. J.M. M.S. G.Z.	Male Female		Sehool	45 8 30 25 9 60 41 40 31	20 Oct., ,, ,, 28 Sept., ,, ,, 5 Dee., ,, ,, 6 Feb., 1945 16 Feb., ,, ,, 30 Aug., ,, 17 May, 1946 19 Sept., ,, ,, ,,	Milson's Point Mulgoa Sydney Longueville Narrabeen Victoria Sydney Victoria.	185 186 187 188 189 190 191 192 194	admitted, 30 March, 1946. Discharged, 26 November, 1946. Discharged, 30 July, 1945. Discharged, 15 April, 1946.

Notes.—(c) The cases of a few other persons who, for one reason or another, were never admitted to the lazaret, have been mentioned in the course of the series of Reports and are additional to those shown in this Table. (b) On comparison with the reports for early years, differences in ages or dates of admission italies.

Those pow given are the correct ages and dates. Patients remaining under treatment have their initials shown in

SECTION IV.

MICROBIOLOGICAL LABORATORY.

REPORT OF THE PRINCIPAL MICROBIOLOGIST FOR THE YEARS 1941-1946, INCLUSIVE.

Staff.

Staff of the Microbiological Laboratory for the year 1946. Director.—Ernest Leslie Morgan, M.B., Ch.M. (Syd).

Assistant Director.—ELSIE J. DALYELL, O.B.E., M.B., Ch.M. (Sydney), retired 21st May, 1946; KEITH HARVEY GRIEVE, M.C., M.B. (Sydney), appointed 22nd May, 1946.

Medical Officers.—Stanley W. M. King, L.R.C.P. (London), M.R.C.S. (England); Alfred E. Gatenby, M.B., B.S. (Sydney); Serge G. Ross, M.D. (Kharkov) (Temporary), resigned on 11th January, 1946; Karen T. Helms, M.B., Ch.M. (Sydney) (part-time), on military service—subsequently resigned; Elizabeth L. F. Laurie, B.A., B.Sc., M.B., B.S. (Sydney) (on military service), resigned 19th March, 1946; Walter H. Corbett, M.B., B.S. (Sydney), commenced duty on 24th June, 1946; Ina M. Williams (temporary), commenced duty 28th October, 1946, resigned 17th December, 1946.

Senior Microbiologist.—H. V. Justelius.

First Microbiologist.—L. H. SNELL, A.S.T.C., A.A.C.I.

Microbiologists.—W. C. THOMPSON; Miss A. PLAYOUST, B.Sc. (Sydney); A. P. Westwood, A.S.T.C.; R. TRUMAN, A.S.T.C.

Laboratory Assistants.—A. J. WILLIAMSON, J. FLYNN, D. CROFT (absent on extended leave); B. REIMER; E. JACOB (absent on extended study leave); L. HORTON; K. FRASER (commenced duty on 30th December, 1946); Miss B. N. BRIDGE; Miss H. E. PARRY; Miss M. CRIDLAND.

Cadet Laboratory Assistant.—B. O'CONNOR.

Clerical.—Miss V. D. Bradley (resigned 19th April, 1946); Miss N. E. Scahill (commenced duty 15th April, 1946); Mrs. W. Thomas (resigned 20th December, 1946); Miss E. Starr (commenced duty on 16th December, 1946); one messenger (temporary).

Attendants.—H. J. Moseley; A. V. Lynch; J. W. Foster; J. Fletcher.

Annual Reports for the Years 1941 to 1946 Inclusive. Sir,

I have the honour to submit the following report dealing with the work carried out in the Microbiological Laboratory during the years 1941-1946 inclusive, together with a table giving detailed figures for each individual year.

It was decided that during the war years the Microbiological Laboratory should carry on with routine work to meet the needs of the civil population. To replace officers who proceeded on military service, the services of Dr. Serge G. Ross of Kharkov and several female temporary laboratory assistants were made available to the laboratory. I wish to place on record the splendid manner in which these officers, together with the permanent staff, met all the demands that frequently required an officer to undertake the duties that ordinarily would be allotted to two separate officers.

The following officers proceeded on active service:—

Dr. E. L. F. Laurie, Dr. K. T. Helms, Mr. T. O'Brien, Mr. E. Morgan, Mr. D. Croft, Mr. B. Reimer and Mr. E. Jacob.

Temporary military duties were also undertaken by:—Dr. K. H. Grieve, M.C., and by Dr. A. E. Gatenby.

It is with deep regret that I have to record the death, whilst a prisoner of war, of Mr. T. R. W. O'Brien. He joined the staff of the Microbiological Laboratory at the beginning of 1937 and enlisted in July, 1940. He was a most popular member of the staff and his colleagues wish to extend to his family the deepest sympathy.

During the period under review the following changes took place in the permanent staff:—

Mr. J. O. Sergeant retired in November, 1943, and Mr. H. V. Justelius was appointed to the position of Senior Laboratory Assistant in his stead.

- Mr. T. W. Murphy, First Laboratory Assistant, was transferred to the Department of Agriculture in August, 1944. Mr. L. H. Snell was promoted to the vacant position and Miss A. Playoust was appointed to fill the vacancy on the staff.
- In 1945 Mr. L. F. Horton returned from active service and in December was appointed to the staff of the Microbiological Laboratory.
- Dr. E. J. Dalyell, the Assistant Director of the Laboratory, retired on 21st May, 1946, and Dr. K. H. Grieve was appointed Assistant Director.
- Dr. K. T. Helms and Dr. E. L. F. Laurie, who had been absent on military service, resigned during the same year and Dr. W. H. Corbett was appointed to the staff on 24th June, 1946.
- Mr. A. P. Westwood and Mr. R. Truman were appointed Microbiologists on 1st January, 1946.

The number of examinations carried out in the Microbiological Laboratory for the years 1941-1946 inclusive, are given in the attached tables. Except for minor variations in the number of individual examinations, the figures are more or less stationary and it will not be possible to undertake additional work without increased accommodation. The minor variations are discussed below:—

Diphtheria.—No great variation has occurred in the number of swabbings submitted for examination for diphtheria bacilli but it will be noted that in 1942 the number of toxicity tests was greatly reduced. In that year the Prince Henry Hospital undertook their own toxicity tests whereas, in the past, they had been performed in the Microbiological Laboratory.

Syphilis and Gonorrhoea.—The number of complement deviation tests carried out in connection with these diseases varied from year to year with a general tendency to rise during 1945 and 1946. This rise was largely brought about by pre-discharge examinations for the armed forces. The figures do not show a corresponding increase in the number of examinations of slides for gonococci, although figures of the Departmental Clinic show that the number of cases of gonorrhoea had practically doubled in 1945. Undoubtedly the use of penicillin in the treatment of gonorrhoea, resulting in quicker cure of the disease, caused a reduction in the number of slides examined from each individual case.

Malaria.—The most striking variation in the number of examinations carried out over the period under review is the increase in the number of slides for examination for malarial parasites. In 1946, 657 slides were submitted and benign tertian parasites were found in 412 cases. During the six years, apart from one infection by subtertian parasites and two by quartan parasites, all infections have been due to benign tertian parasites.

Anthrax.—The only occasion on which anthrax bacilli have been recovered was in 1942. This case was associated with an outbreak amongst stock in the Penrith district.

Tissues for Histological Examination.—Year by year the number of specimens for histological examination is increasing and the number now being examined is placing a very great strain on a section of the Laboratory that is working to a point near the maximum capacity that the available accommodation permits.

Several additional headings have been included in the reports, the majority occurring under the sections dealing with cerebral fluids, haematology and chemical examinations. These headings have been brought into use following adoption of new tests such as the Serum Acid Phosphatase tests commenced in 1944 and Takata Ara commenced in 1946, following the temporary closure of Broughton Hall Laboratory owing to shortage of staff. Other headings have been brought into use in order to reduce the number of examinations classified as "Miscellaneous."

Accommodation.—No additional accommodation has been made available, although year by year, attention has been called to the overcrowded condition of the Laboratory. Great inconvenience is caused by the shortage of space and under existing conditions no further expansion of the Laboratory's activities is practicable.

STATEMENT OF ROUTINE EXAMINATIONS.

Table showing the Routine Examinations made for the various branches of the State Department of Public Health, other Government Departments, Subsidised Hospitals, etc.

David Berry Hospital Lidcombe State Hospital and Home Liverpool State Hospital and Home Newington State Hospital and Home Waterfall Sanatorium Medical Officer of Health, Metropolitan District Medical Officer of Health, Hunter River District Randwick Auxiliary (T.B.) Hospital Rachel Forster Hospital Commonwealth Government State Departments— Agriculture and Stock Education Child Welfare Government Stores Milk Board	27,097			1		
Head Öffice Submissions David Berry Hospital Lidcombe State Hospital and Home Liverpool State Hospital and Home Newington State Hospital and Home Waterfall Sanatorium Medical Officer of Health, Metropolitan District Medical Officer of Health, Hunter River District Randwick Auxiliary (T.B.) Hospital Rachel Forster Hospital Commonwealth Government State Departments— Agriculture and Stock Education Child Welfare Government Stores Milk Board	· · · · · · · · · · · · · · · · · · ·					
David Berry Hospital Lidcombe State Hospital and Home Liverpool State Hospital and Home Newington State Hospital and Home Waterfall Sanatorium Medical Officer of Health, Metropolitan District Medical Officer of Health, Hunter River District Randwick Auxiliary (T.B.) Hospital Rachel Forster Hospital Commonwealth Government State Departments— Agriculture and Stock Education Child Welfare Government Stores Milk Board	· · · · · · · · · · · · · · · · · · ·	20 20 - 1	100			
Lidcombe State Hospital and Home Liverpool State Hospital and Home Newington State Hospital and Home Waterfall Sanatorium Medical Officer of Health, Metropolitan District Medical Officer of Health, Hunter River District Randwick Auxiliary (T.B.) Hospital Rachel Forster Hospital Commonwealth Government State Departments— Agriculture and Stock Education Child Welfare Government Stores Milk Board	70 1	20,205	16,245	14,254	21,465	31,407
Liverpool State Hospital and Home Newington State Hospital and Home Waterfall Sanatorium Medical Officer of Health, Metropolitan District Medical Officer of Health, Hunter River District Randwick Auxiliary (T.B.) Hospital Rachel Forster Hospital Commonwealth Government State Departments— Agriculture and Stock Education Child Welfare Government Stores Milk Board	$\begin{bmatrix} 13 \\ 2,855 \end{bmatrix}$	9	1.000	1.045	7.000	60
Newington State Hospital and Home Waterfall Sanatorium Medical Officer of Health, Metropolitan District Medical Officer of Health, Hunter River District Randwick Auxiliary (T.B.) Hospital Rachel Forster Hospital Commonwealth Government State Departments— Agriculture and Stock Education Child Welfare Government Stores Milk Board	$\frac{2,899}{705}$	$2,262 \\ 518$	1,866 713	1,845	1,952	1,879
Waterfall Sanatorium Medical Officer of Health, Metropolitan District Medical Officer of Health, Hunter River District Randwick Auxiliary (T.B.) Hospital Rachel Forster Hospital Commonwealth Government State Departments— Agriculture and Stock Education Child Welfare Government Stores Milk Board	$\begin{array}{c c} 705 \\ 226 \end{array}$	117		$\begin{bmatrix} 375 \\ 72 \end{bmatrix}$	331	188
Medical Officer of Health, Metropolitan District Medical Officer of Health, Hunter River District Randwick Auxiliary (T.B.) Hospital Rachel Forster Hospital Commonwealth Government State Departments— Agriculture and Stock Education Child Welfare Government Stores Milk Board	33	43	182 113		37	42
Medical Officer of Health, Hunter River District Randwick Auxiliary (T.B.) Hospital Rachel Forster Hospital Commonwealth Government State Departments— Agriculture and Stock Education Child Welfare Government Stores Milk Board				103	33	77
Randwick Auxiliary (T.B.) Hospital Rachel Forster Hospital Commonwealth Government State Departments— Agriculture and Stock Education Child Welfare Government Stores Milk Board	41	15	$\frac{\cdots}{22}$	•••	6	$\frac{2}{3}$
Rachel Forster Hospital Commonwealth Government State Departments— Agriculture and Stock Education Child Welfare Government Stores Milk Board	578	1,539	1,591	1,402	1,168	817
Commonwealth Government State Departments— Agriculture and Stock Education Child Welfare Government Stores Milk Board	10,725	12,798	21,668	18,103	11,114	9,701
State Departments— Agriculture and Stock Education Child Welfare Government Stores Milk Board	1,271	1,765	926	704	4,463	7,162
Agriculture and Stock Education Child Welfare Government Stores Milk Board	1,211	1,100	320	104	4,400	1,102
Agriculture and Stock Education Child Welfare Government Stores Milk Board						
Education Child Welfare Government Stores Milk Board		2			,	
Child Welfare	32		8		1	***
Government Stores Milk Board						•••
						•••
	1,491	1,422	1,697	1,935	1,828	1.803
Police	109	114	123	141	1,726	95
Prisons	25	2		5,113	1,138	1.108
Railway	35	36		12		3
Miscellaneous Government Departments	16	4	45		331	76
Private Practitioners	16,185	14,513	18,534	16,930	15,686	15,135
	29,057	24,268	27,875	27,897	29,856	32,827
Municipalities and Shires	323	349	203	318	361	251
Mental Hospitals					• • •	2,779
-						
	90,822	79,982	91,811	89,204	91,496	105,415
Rats for Plague	2,633	3,084	2,580	1,926	2,521	1,754
Total	93,455	83,066	94,391	91,130	94,017	107,169

In the following Statement the Routine work is divided into Sections to disclose the purposes for which the various examinations were made:—

	1941.	1942.	1943.	1944.	1945.	1946.
Actinomycosis	3	6	1	1		5
Diphtheria Swabbings	7,760	2,959	5,640	3,856	5,182	4,789
Diphtheria Toxicity	548	29	53	16	50	97
Haemolytic Streptococci	819	250	345	498	921	717
Vincent's Angina	72	50	113	80	47	68
Dysentery	14	56	46	5	3	3
Food Poisoning	5	9	16	4	9	
Typhoid (Widal)	156	104	84	66	71	55
Typhoid (Urine and Faeces)	82	73	47	5	14	47
Typhoid (Miscellaneous Water, Milk, etc.)	1	12	1	•••		•••
Typhus (Weil Felix)	14	5	12	7	25	9
Para-Typhoid A and B	• • •				•••	
Glandular Fever (Paul & Bunnell)		•••		28	15	31
Brucella Abortus	34	20	31	14	29	17
Gonor Phoea (Smears and Urine)	16,569	14,603	19,123	19,495	13,527	14,783
Gonorrhoea (Comp. Dev. Test)	6,245	5,547	7,435	6,847	7,071	7,625
Hydatid (Sputa, Smears)	4	18	5		3	1
Hydatid (Comp. Dev. Test)	46	32	39	11		31
Syphilis (W.R.)	22,252	21,252	23,129	22,679	25,533	32,208
Syphilis (Kahn)	21,704	20,147	22,247	21,955	25,074	30,652
Syphilis (Spirochaetes)	472	375	289	182	222	586
Leprosy	730	533	162	384	292	80
Rat Leprosy	2	2		16	3	1
Tuberculosis	3,194	3,053	2,804	2,416	2,170	1,692
Tetanus	•••	5	4	5	1	4
Weils Disease	•••	•••	•••	•••	•••	1
Miscellaneous (General)	•••	•••	•••	•••	• • •	•••
Spermatozoa	•••				•••	1
Unclassified—No growth from pus, etc.	1,122	1,063	1,030	1,079	1,011	795
Vaccines, etc	422	277	333	310	463	477
Cerebro Spinal Fluids for—						
Meningitis	207	266	183	32	5	9
Cell counts	•••	•••	•••	•••	•••	•••
Colloidal Gold Reaction	• • •	•••	•••	•••	•••	•••
Protein (Globulin and total Protein)	• • •	•••	•••	•••	•••	
Takata Ara Test	•••	•••	•••	•••	***	102
Chlorides	•••	•••	•••	•••	• • •	***
Miscellaneous	•••	•••	•••	•••	• • •	• • •

	1941.	1942.	1943.	1944.	1945.	1946.
Haematology— Full and Differential Blood Counts Blood Sedimentation Rate Blood Coagulation Time Blood Typing Malaria Miscellaneous Blood Examinations Chemical Examinations— Blood for Sugar Blood for Sugar Tolerance Blood for Urca Blood for Creatinine Blood for Creatinine Blood for Fibrin, Globuliu, Albumen Serum Acid Phosphatase Urines for Sugar Urines for Urea Test Meal Specimens Calculus Miscellaneous Chemical Examinations Faeces Urines for General Examinations Pathological Examinations Pathological Examinations Fish	35 4 12 119 253 339 3 106 758 20 603 58 731 2,064 3	870 21 105 19 64 823 758 4 7 813 16 596 33 656 2,053 1	966 35 16 40 24 122 178 250 26 17 864 19 1,080 87 529 2,092 9	1,020 56 177 27 50 186 196 29 75 127 152 673 26 1,158 76 381 2,291 7	1,114 3 170 46 37 101 72 16 40 67 81 1,193 5 1,512 46 285 2,564 1	1,136 42 2 657 54 175 151 37 73 108 153 1,207 20 1,415 98 190 2,749
Ecto Parasites (Fleas, Mites, Mosquitoes) Endo Parasites (Round and Flat Worms) Protozoa Trichomonas Fungi (Tinea, Monilia, etc.) Medico-Legal Examination Examinations for Anthrax—	$\begin{array}{c} 12 \\ 32 \\ \\ 20 \\ 150 \end{array}$	 13 27 13 177	 26 20 5 176	$\begin{array}{c} \\ 14 \\ 30 \\ \\ 7 \\ 145 \end{array}$	 25 6 127	3 10 10 6 111
Human Beings Shaving Brushes, etc. Wool Examinations of Materials—	•••	3 	 	$\begin{array}{c} 2 \\ 1 \\ \cdots \end{array}$	6 7 6	•••
Chemical Closet Contents Disinfectants (Rideal Walker) Feathers Soil Water Water from Swimming Pools Lotions and Mixtures Food (Bread, Ice Cream, etc.) Milk samples from Milk Board for Tubercle bacilli and B. abortus Milk from Milk Board for bacteriological count Miscellaneous Milks for bacterial counts	25 2 330 149 	5 592 79 9 651 791	4 279 58 15 518 1,179	6 283 2 2 2 2 1,414	3 363 21 467 1,361	7 25 205 80 2 477 1,326
	90,822	79,982	91,811	89,204	91,496	105,415



